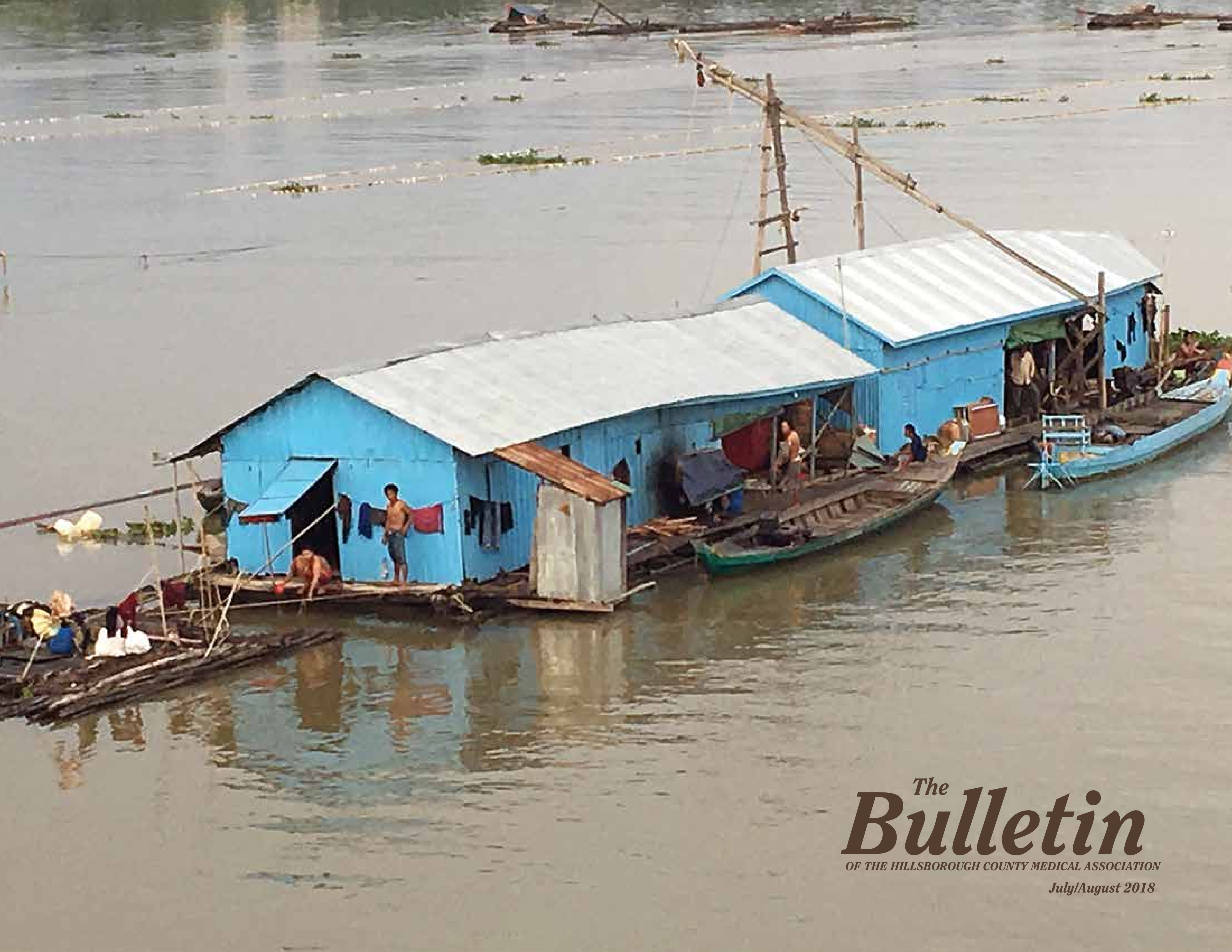
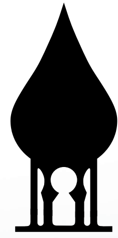


The Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

July/August 2018



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Executive Council Meetings
6:00pm at the HCMA Office

September 18, 2018
November 27, 2018
January 15, 2019
March 19, 2019

HCMA Membership Dinners
6:30pm at the Westshore Grand

September 11, 2018
Guest Speaker: Carlton Ward, Jr.
Award winning local photographer

November 20, 2018
Guest Speaker: General Ann E. Dunwoody
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Carrollwood Country Club

April 4, 2019

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To submit an article, letter to the editor, or a photograph for ***The Bulletin*** cover, please contact Elke Lubin, Managing Editor, at the HCMA office. All submisions will be reviewed by Bulletin Editor, David Lubin, M.D. We encourage you to review *The Bulletin's* "Article Guidelines" which can be faxed or emailed to you.

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July/August 2018

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This issue's cover photo of a houseboat was shot by Dr. Bruce Shephard on the Tonle Sap River, just outside of Phnom Pehn, the capital of Cambodia, which sits at the junction of the Mekong and Tonle Sap Rivers.

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President's Message

Stranded

Thomas Bernasek, MD
buckteeth@aol.com

It's April 14, 2018, I've just finished my lecture, and it's time to leave. As I check in for my flight it is delayed; there is a big snow storm. No big deal, they are used to snow up here, probably a few hours delay, but for insurance, I make alternate reservations for the next day only to find it also has been canceled! I am stranded in Rochester, Minnesota by a colossal snowstorm: winter's terminal event - the massive storm that always seems to hit around Easter. I am looking at two to three days before a flight out and I have clinics, surgery, and meetings in Tampa…I need to get back!

I checked with other faculty, some were driving to bigger airports hoping to get out earlier. Not a bad idea; I'm a surgeon, take some action, get back sooner. A few went to Minneapolis (a two-hour drive, airport closed for 36 hours), others rented a limo to Chicago (a ten-hour drive, airport closed for 24 hours). One guy rented a 4-wheel drive and drove home to Denver (a thirteen-hour drive, in ideal circumstances; these were not). My research for the next few hours revealed Waterloo, Des Moines, Omaha, and Kansas City airports were in range but also in the massive storm. Atlanta was fifteen hours away.

A normally bustling city is deserted. Note the heated sidewalk!

Then I looked out the window and came to my senses. Growing up in Montana one learns how to drive in the snow. Candidly, driving in snow on top of ice from the rain that preceded it is not a good bet, in fact, it's stupid. I finally realized that I'd been given a gift. Due to circumstances beyond my control, I had no choice other than to just sit, relax, and enjoy the solitude. There's a certain liberation when you have only one option. My option was spending a few days in a nice cozy warm hotel room with my laptop, my thoughts, and solitude.

As I began to consider what I would miss by this incarceration due to the snowfall, I started to relax and enjoy my gift. No matter the consequences, it was beyond my control, everyone affected would have to understand.

Somewhere during my reverie, thoughts go to my priorities and goals. I got stuck on the time demands on a doctor's everyday life. Each of our life's priorities demands time. Patient care is certainly a priority for physicians. The longer we practice the busier we get with practice demands and the juggling act to allocate limited time. Hopefully, there's leftover time for other important priorities.

I wondered whether the time spent on various activities accurately defined a doctor's priorities? For me, my time is mostly spent on patient care; second is teaching and academics; third is business endeavors; fourth is community service; next is family and faith; and last is downtime. Some of these intersect and overlap. Patient care as a doctor's priority is what we are taught. It is also our patient's perception and expectation and certainly what I expect from my doctor. But when one considers the endless work of being a physician, is it the perspective of a healthy person or doctor?

Consider my practice which I still love after 30 years. It's mostly luck that I picked a subspecialty (hip and knee joint replacement) which makes people much better most of the time. However, the time issue comes up frequently. I am not good at saying no, which leads to a significant source of stress. My clinic appointments run behind frequently. Patients don't like it, my staff doesn't like it, administration doesn't like it and I don't like it. The explanation is easy to understand: my clinic is fully booked two or three months ahead; many additional patients get squeezed in during the two or three months, at the request of colleagues and friends, and due to emergencies. The solution seems simple: don't see the patients that want or need to get in sooner. That makes me even more unhappy than running behind, it violates my mission for patient care, so no delete button here. So even though most of my time is spent here, does this define my priority? What would I do if I didn't like my specialty but could not change easily due to having a family and the need to make a living?

I remembered a self-improvement audio tape from over 20

(continued on page 10)

Hillsborough County Medical Association

MEMBERSHIP DINNER

Tuesday, September 11, 2018

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Editor's Page

All that Twitters is not gold

David Lubin, MD
dajalu@aol.com

As of June 15, President Trump has gotten back from meeting with Kim to resolve a potential crisis, the possibility of nuclear war. A couple weeks ago, he met with another Kim…of the Kardashians…to resolve another issue, the pardoning of a 63 year-old woman, Alice Johnson, who was convicted of distributing cocaine and had served over 20 years of her sentence. Such is the power of social media. Kim Kardashian had read about her and decided to dial up the Donald and plead her case to get her released from prison. It worked.

On the other hand, through social media, the Donald had been bashing the other Kim…Kim Jong Un, calling him "Little Rocket Man," while Kim retaliated with "dotard." And now that they've met in Singapore, President Trump has admitted to feeling foolish calling him names, but he said he had to do it at the time. Never mind the fact that Kim could have had his finger on the "rocket" button. Well, they came away from the meeting smiling and shaking hands, and President Trump even called Kim "talented" and "smart." And it was his "honor" to have met with him. This is a leader who has oppressed his people, violated human rights, executed those who are against him, including his own relatives. Meanwhile, President Trump had just left the G-7 conference in Canada, where he besmirched Canada's Prime Minister, Justin Trudeau, and alienated our friendliest allies to an extent that's almost scarier than the possibility of Kim pressing the button. And then there's the whole tariff mess. But I've come to respect Trump's Press Secretary, Sarah Huckabee Sanders, a whole lot more. She can answer all the press' questions without hesitation, and sometimes without even answering the question.

The news has been fascinating. Watching Lester Holt and the NBC Nightly News is an evening must in the Lubin household. It's better than reality TV…ok, I admit it, we're Big Brother and Survivor fans. What the hell, the news really IS reality TV.

I've had even more time to catch up on news, either on TV, or the Internet, since I've retired again after selling the Swann Ave. Market in January. And by the way, my atrial fibrillation, discussed in previous columns, has not returned since the day I sold the Market, January 15, 2018. Ya think there's a connection?

I've had a more pressing issue, spinal canal stenosis, which first bothered me three years ago, but physical therapy helped. This time it didn't do anything. An MRI showed stenosis at L2-3, L3-4, and severe at L4-5. I knew that surgery was my only alternative, but I was hoping to get it done following the Stanley Cup Finals, which I thought the Lightning would make. But the pain became worse when walking and so I moved up my surgery date from June 20th to May 23rd. Dr. Steven Tresser, along with his assistant Chuck, reviewed what would be done and I felt confident. I have to say that I did not anticipate the level of post-op pain, nor did I think I would not be able tolerate narcotics, but I couldn't. Anyway, 3 weeks later, the pain I had before surgery is better, I'm walking fine, although I still have some surgically related low back pain and spasms, I'm driving (ditched my Mercedes and got a 2015 Honda Civic Hybrid, which has more bells and whistles than any of my previous Mercedes' had), and overall feel like I'm improving daily. My thanks to Dr. Tresser and Chuck for the great job, in what I'm sure was a difficult case. And thanks to the staff at Florida Hospital Carrollwood for the great care, although I have to say, the food wasn't very good.

So for the immediate post-op period, while at home, I spent time catching up on TV shows that I had DVR'd, and also spent more time following the news. As I said, some of what happened seemed to be more surreal than anything else.

Take for instance the Kilauea volcano in Hawaii, still pouring out lava, enough to cover Manhattan with almost 7 feet of hot, fiery goo, or the volcano in Guatemala that covered nearby villages with ash, wiping out entire families.

(continued on page 10)

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President's Message (continued from page 6)

years ago that suggested life's priorities as the 5 F's: Faith, Family, Friends, Fitness, and Finances (Jim Hansberg: "Nice Guys Finish Rich," he was a Wall Street guru, not one of us). I mostly agree, makes sense, easy to digest. But should, or even can, a doctor's time be prioritized in that order? If so I am underperforming in every category. We are all different, but for me, underperformance is translated to guilt, then anxiety which creates motivation to do more which exacerbates my time deficit.

What I realized is that regardless of how one responds to the dissonance between our life's priorities and time demands, we need a mechanism. When demands and time constraints escalate too much, reorganize, reset and delegate to get rid of the unnecessary. Very importantly take time for yourself, press the delete button or get stranded. I'm pretty sure that very few noticed my absence.

Editor's Page (continued from page 8)

Then there's all the Trump news. I still can't believe he's president, although I have to admit I'm surprised that the stock market has remained stable, but he's got to stay off Twitter and stop saying the things he says about people in general, and especially leaders of the free world, who are our allies…for the time being. I admit, others have said things about him and his family that aren't very nice, but he's got to be above the rest, he's President. And he should learn the words to the national anthem and God Bless America. Although I guess he's willing and able to pardon himself for not knowing the words.

Then there was the whole Roseanne Barr fiasco that caused her show to be canceled, and the Samantha Bee blurb that didn't cause anything to be canceled. Everything now is social media and politics, and the two don't mix. Throw in sports and kneeling for the national anthem, and you've got a dangerous cocktail.

On the medical front, a major study showed that certain patients need not be treated with chemotherapy for breast cancer, and they do just as well getting only hormone therapy. And did you see the video of the Atlanta dermatologist and her assistants singing and dancing around a patient while they were doing plastic surgery? What were they thinking…posting it, let alone doing it?

There are new playgrounds being built and used by young kids utilizing hammers, nails, and saws so they can build things. One young boy was quoted on the news, "You can build things and there are no parents to boss you around." Or maybe remove the nail from your playmate's finger.

Oh, and no more bathing suit or evening gown competitions in the Miss America "talent show." It's no longer to be called a pageant. And finally, in case you missed it, the last munchkin from the Wizard of Oz died-Jerry Maren was 98 years old.

I'm not really into social media at all, but with the extra time on my hands, I've been texting my two daughters over the past few weeks, and I can understand how things get screwed up or misconstrued. One of my daughters completely misunderstood my text when she read "can't" instead of what was texted: "can." I told her I was done texting about the subject. The younger generations feel they can text better than talk; they have time to compose their thoughts. The problem is those thoughts often get twisted around when received. What ever happened to actually using the phone to speak directly to someone?

HB-21 Florida's Controlled Substance Prescribing law is now in effect!

A comprehensive summary of HB21 will help you understand the new requirements and penalties for noncompliance. Please visit:

https://flmedical.org/Florida/Florida_Public/Docs/FMA-Opioid-HB21.pdf

Alert regarding the state-mandated opioid course:
A recent unsolicited email received by physicians across the state promises free membership and low-cost CME. This group, apparently a former for-profit CME provider, has created a not-for-profit shell association, in order to circumvent the provision in state law regarding the new 2-hour CME requirement regarding controlled substance prescribing. **This group has not been approved by the Board of Medicine to provide the state-mandated CME**. It appears that their "association" is simply a ruse employed in order to meet the requirements the state has imposed on course providers to ensure that the course is of the highest quality.

APPROVED PROVIDERS:
To date, the Board of Medicine and the Board of Osteopathic Medicine have approved the following organizations to provide the 2-hour controlled substance prescribing course:

- The Florida Medical Association
- The Florida Academy of Family Physicians
- The Florida College of Emergency Physicians
- The Florida Osteopathic Medical Association

Before taking any course that advertises itself as meeting the state 2-hour controlled substance prescribing course requirement, physicians are advised to check with the FMA's Education Department to verify provider eligibility: 800.762.0233.

The FMA is offering an online course, visit: flmedical.org

Opioid Bill FAQs
The Department of Health has compiled a comprehensive FAQ on the Opioid Bill. This list will answer all your questions!

http://www.flhealthsource.gov/FloridaTakeControl/faqs

A Hidden Epidemic

Debbie Zorian
DZorian@hcma.net

As I type my column it has only been two days since the distressing news that the former St. Pete Beach Mayor Stephen McFarlin was found dead inside his home from an apparent suicide. As most will remember, it has been just over four months since our former Florida State Representative Rob Wallace ended his own life. I remember Representative Wallace, whose district included parts of Hillsborough and Pinellas counties, to be conservative, friendly, and unpretentious. According to the Medical Examiner's Office at that time, Representative Wallace was suffering from depression in recent years and was taking medications for mood disorders.

It has also been less than three weeks since the tragic loss of fashion designer and entrepreneur, Kate Spade, and distinguished chef, world traveler, and television host, Anthony Bourdain, due to suicide (their deaths only three days apart). Their success, fame, and life of accolades, in addition to being parents to 11 and 13 year old daughters, didn't deter them from taking their own lives, leaving immeasurable devastation behind.

We are currently living through a cataclysmic rise in suicide rates that affects every level of our society. The Center for Disease Control and Prevention reported that in the United States suicide rates have risen nearly 30% in the last two decades.

The recent deaths of two American icons have brought about new awareness to the rapidly growing public health concern of suicide and transformed the country's dialogue about the magnitude of the problem. Suicide is beginning to be viewed as a "public health crisis."

The debilitating effects of chronic depression, substance abuse, and various mental health issues are becoming more apparent as suicide rates continue to rise. A low quality of life (real or perceived), marked by high stress levels and low levels of happiness, is driving the demand for psychoactive substances. Statistics show that one in six Americans take antidepressants, anxiety relievers, and/or antipsychotic drugs. That alarming number is an indication, on its own, of the grave importance regarding our country's mental health system, its infrastructure, and the stigma around mental health diagnosis.

Americans stand out from people in other countries with respect to their focus on individualism, need for achievements, and work culture that have created an environment which is no longer sustainable. In addition, the divide over our rapidly changing American culture and the uncertainties of our current political climate and the future of our nation contributes to overwhelming pressures and increased anxiety. I was surprised to find out that only one in three Americans claim to be happy.

A recent article in the *New York Times* stated, "The rise of suicide turns a dark mirror on modern American society with its racing, fractured culture, flimsy mental health system, and the desperation of so many people, hidden behind the waves of smiling social media photos and cute emoticons." It only makes sense that before we can destigmatize depression we need to eliminate the pressure to pretend we're happy even when we're not. I will admit to times that I pretend to be upbeat when I'm anything but. In fact, the pretense can be exhausting when someone is going through times of high stress and personal crisis.

I wasn't surprised to read that the deaths of Kate Spade and Anthony Bourdain caused one of the busiest suicide prevention hotlines in our country to go into overdrive. A significant spike in calls doubled as extra crisis counselors struggled to keep up. National Suicide Prevention Director, John Draper, told the *Wall Street Journal* that whenever a notable person commits suicide calls immediately spike (as was the case when Actor Robin Williams took his own life four years ago). Suicides also rose nearly 10% higher than expected in the five months following his death. "Unfortunately, the publicity serves as a blessing and a curse. It clearly encourages people to seek help, but can also drive vulnerable people to copy suicides (known as 'suicide contagion') and re-traumatize those who have lost a loved one. When celebrity suicide is in the headline and methods are described in detail, articles can unintentionally serve as an instruction guide for those on the brink. That is why it is so important for reporters to follow media guidelines." Personally, I believe that although details are fundamental when reporting news there are times when they should be restrained. The tawdry details of exactly

(continued on page 14)

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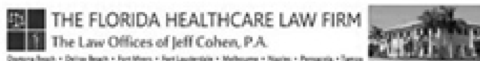

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Executive Director's Desk (continued from page 12)

how a person commits suicide only capitalize on the abrupt and emotional shock of loss. I can understand how individuals at risk can be affected.

In the case of celebrities, their livelihoods depend on projecting a certain image to the world which can very well mean they are left with trying to cope with angst and depression in solitude. I can't help but think of the similarities to that of physicians who must portray a positive image to their patients…those who rely on them for their physical, mental, and emotional care…as well as those around them who continually evaluate their capabilities.

In our country, physicians have the highest suicide rate of any profession, more than twice that of the general population. On average, one physician takes their own life every day. Suicidal physicians often have untreated depression or other mental health illnesses. Statistics show that depression is also common in medical students (15-30%) which underlines the need for early intervention (in a concerted effort to reduce the fear of stigmatization), diagnosis, and treatment.

That brings me to the importance of physician wellness, a topic that you have heard me address for many months and one that your HCMA leadership believes is essential to focus on. As the stress of practicing medicine (for reasons that we are all well aware) continues to rise, so will the need rise for physicians to focus on their own wellness. That is why physician wellness is rapidly being addressed across our country. The AMA, the FMA, county medical societies, hospitals, and health related entities are prioritizing this important issue and establishing ways in which physicians can have numerous resources they can turn to.

I am anxiously waiting for the completion and promotion of the HCMA Physician Wellness Program (PWP) so HCMA members will have access to another avenue in their time of need. The Sept/Oct issue of *The Bulletin*, in which I will happily serve as Guest Editor, will focus entirely on physician wellness.

The imminent HCMA PWP will be yet another way in which the HCMA is *Advocating for physicians and the health of the communities we serve.*

Crisis Center of Tampa Bay
Call 211 – 24/7/365

Suicide & Crisis Hotline/Hillsborough County
813.234.1234

National Suicide Prevention Lifeline
800.273.8255

*On a personal note…*It has been almost seven years since my stepson, Patrick Zorian, took his own life at the age of 44. The devastation felt by all those who dearly love him will never, ever go away. My heart goes out to those who are struggling with mental health issues and who believe taking their own lives is the only way to end their hopelessness. The barriers to mental healthcare access are significant. I advocate strongly for a much improved and effective mental healthcare system in our state and in our nation. A system that is desperately needed and one which will improve lives and save lives.

Show us how you unwind, alleviate stress, reduce anxiety...

The September/October 2018 issue of *The Bulletin* will be dedicated to "Physician Wellness." Send us a photo of how you shake off the stresses of the day to be included in our member collage!

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Travel Diary

Southeast Asia

Bruce Shephard, MD
shephardmd@verizon.net

I never expected to be holding an 8-foot water snake or riding a high speed Vespa in a crowed foreign country but both happened on a recent trip to Southeast Asia. My wife, Coleen, and I were joined by two college roommates and their wives from Cal, Berkeley for this 17-day adventure to Vietnam and Cambodia. None of us had been to these countries but like many of our generation, had watched the widely televised Vietnam War during college years and wanted to see it in person a half century later.

We visited three cities: Hanoi, Siem Reap, and Ho Chi Minh City, with a 7 night cruise along the Mekong River Delta factored in along the way. The package included excursions, tips and drinks, plus local guides who really knew the area.

Vietnam has had a turbulent history. Ruled by the Chinese for the first 1000 years AD, the area then was wracked by centuries of feudal civil wars and foreign invasions. In 1883, France commenced a 70-year colonial occupation that left a European stamp affecting everything from cuisine to architecture. Vietnam's official independence dates from 1945, when Ho Chi Minh declared it so, but it would be another 30 years, after wars with both the French and US, before Vietnam's north and south would be united following the capture of Saigon (Ho Chi Minh City) in 1975.

Vietnam belongs to a small club of communist states including China, Cuba, and Laos. While communist in politics, from an economic view, Vietnam has now developed a market economy that has grown in prosperity with a per capita GDP of $7,000.

We found the Vietnamese people extremely friendly, gracious, and welcoming. At our first stop, in Hanoi, we visited the Hanoi Hilton (where Sen. John McCain was imprisoned), the Ho Chi Minh Quarter where "Uncle Ho" can be viewed from his mausoleum, and the Temple of Literature, site of Vietnam's first university and dedicated to the humanistic teachings of Confucius.

Near Hanoi we took a separate two day mini cruise to Halong Bay, a World Heritage site, known for its beaches, grottos, and lagoons, formed by unique limestone formations known as karst. These formations are similar to the geologic strata forming Florida's own limestone plateau.

Cambodia, which lies due west of Vietnam, is a much less populous nation of 15 million, dwarfed by Vietnam's nearly 100 million. Cambodia, too, was subjugated by the Chinese for many centuries but also heavily influenced by traders from India who brought Hinduism with them. The Khmer or Angkor Empire, established in the 9th century, were the first people to rule over what we know today as Cambodia. During a Golden Era the Khmers built magnificent temples, most famously Angkor Wat and Angkor Thom, which exhibit exquisite artistic carvings. The temples, which may have served as mausoleums for their rulers, are a point of pilgrimage for all Cambodians. Hidden by jungles, these monuments have survived surprisingly intact over the centuries.

To reach Cambodia we flew from Hanoi to Siem Reap, which serves as a tourist hub for visitors to this area of these religious monuments, the best known being Angkor Wat, the largest religious edifice in the world. Another sight of interest was the jungle enshrouded Temple Ta Prohm, site of the Indiana Jones movie. An unexpected highlight was a Vespa tour (with guide drivers) into the Cambodian countryside to visit a local village where we saw firsthand how the people make sticky rice using heated coconut juice. We felt a sense of intimacy with the local people. And with tourism becoming a major industry, our presence was most welcome.

From Cambodia, we began our cruise down the MeKong River aboard the Scenic Spirit, a long squared off floating hotel similar to those that Viking and other outfitters use. Along the way we stopped for visits to hilltop pagodas, rubber plantations, and a monastery where we spent time learning about the lifestyle of resident monks. Cambodian monasteries sometimes function like a social safety net in a country still recovering economically from the horrific genocidal era of the late 1970s. Under Pol Pot's regime more than 2 million Cambodians died.

In Phnom Penh, Cambodia's capital, we visited one of the Killing Fields (Tuol Sleng Museum), site of the Khmer Rouge atrocities. Our Cambodian guide, like so many locals, had direct experience with that time, recalling as a boy when his father was taken away and never seen again. Phnom Penh, once the "Pearl of Asia" before the impact of war and revolution, still offers some wonderful sights like the Central Market, National Museum, and the Royal Palace. Our group finished the day with a visit to the Raffles Hotel, noted for its elegant colonial

(continued on page 18)

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Travel Diary (continued from page 16)

style architecture. Raffles has attracted the rich and famous for nearly a century, including Jackie Kennedy who popularized its signature drink, the “femme fatale.”

Our tour ended in Ho Chi Minh City, formerly Saigon when it was South Vietnam’s capital from 1954-1975, and today Vietnam’s largest city with a population of 14 million. The metropolis is all high-octane and energy to the point where skyscrapers have long since outstripped the Buddhist temples for skyline, and smog fills the air. Visitors from the U.S. are usually interested in seeing this city, so prominent in our history and memory. The War Remnants Museum preserves a photographic account of the “American War” taken by wartime photographers from many nations, and provides a powerful glimpse of the war’s brutal affects including the impact of Agent Orange. During our visit, the museum was filled with school children and tourists alike who, like our group, were impressed by the personal stories depicting how the Vietnamese people were individually affected by the war.

While in the area, we also visited the famous Cu Chi Tunnels, an underground labyrinth of passageways used by the Communist troops’ (Viet Cong) successful resistance against superior U.S. firepower. Booby traps of all kinds supplemented the tunnels, which played an important role in the overthrow of Saigon in 1975. The tunnels are extremely compact and only two of our group of 20 ventured inside for a short “tour.”

Our trip was capped off with another Vespa ride, this one a “foodie tour.” At different stops we savored traditional Vietnamese dishes such as pho, their iconic rice noodle soup, and banh mi, a baguette like sandwich modelled after the French croissant. Our group savored the culture as well as the people; we felt safe and secure in these countries where we learned a great deal about an area culturally very different from our own.

Village Sunset

Coleen and Bruce Shephard at the MeKong River.

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A History

The University of South Florida Morsani College of Medicine

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Richard F. Lockey, MD, MS

Barry S. Verkauf, MD, MBA

The early days of the University of South Florida College of Medicine are recorded in four history books. Below is a summary of each of these books:

First Book about USF MCOM

The book "A Great Start and Still Sparkling with Promise – the University of South Florida College of Medicine Celebrates 25 Years" by Connie K. Jonas is appropriately dedicated to Donn Smith, MD, the founding Dean of the USF Morsani College of Medicine (MCOM) (1995, Library of Congress Catalog Number: 95-71242). It is the first MCOM history book and documents what were the seemingly overwhelming odds for physicians, citizens, and politicians to start the USF medical school in Tampa, Florida. Fortuitously, in September 1963, the 88th US Congress authorized appropriations of $175 million to build new medical schools throughout the United States, including the MCOM. Using federal and state funds, it was scheduled to open in 1970, however, it opened a year later in 1971. Alfred H. Lawton, MD, was named Acting Dean in 1967; he ultimately reigned from this job resulting in the appointment of Dean Donn L. Smith, PhD, MD, who somewhat reluctantly assumed the job. The first faculty members were appointed in the late 1960s and the first charter class of 24 students (rather than the initially anticipated 50) entered school in July 1972. One of the students in the 2nd class, Patricia Pound Barry, stated "It was sort of like a one-room schoolhouse common in the West during the pioneer days…, although we frequently referred to that one room as the Black Hole of Calcutta. We arrived each day at eight in the morning for a series of lectures delivered by professors, each of whom would emerge through a back door, lecture for an hour and disappear through the same door. After a five-minute break, another faculty member would appear and give the next lecture. In the afternoon, we would usually have a laboratory period in the section of the room given over to the lab benches". Construction of the medical school began in March 1972. The rest is history.

This 77 page book contains pictures and documents about the first MCOM administrative and academic faculty and its medical students. Many of the initial clinical faculty were part of the already established medical community in Tampa. They joined the faculty full-time, part-time, or volunteered their time. It documents the medical school's association with the James A. Haley Veterans' Hospital as well as the Tampa General Hospital and other institutions within the Tampa Bay area, all vital to its initial success. Very few copies of this manuscript exist. This book certainly is "A Great Start…".

History of OB-GYN at USF MCOM

The 2nd published book about the MCOM is entitled "Evolution of an Academic Department – Obstetrics and Gynecology at the University of South Florida" and is written by Barry S. Verkauf, MD, MBA, (2011, Library of Congress Control Number 2011904747). This 133-page book can be accessed at www.theAlternativeBookShop.com or from the Department of Obstetrics & Gynecology, University of South Florida, 2 Tampa General Circle, 6th Floor, Tampa, FL 33606. The first Chair of the Department was James M. Ingram, Jr., MD, who had already established with other physicians a well-known obstetrics/gynecology clinic in South Tampa. Dr. Ingram recruited different colleagues from the community and elsewhere, including Dr. Verkauf, and was fundamental in establishing the early reputation of the medical school. He periodically invited all his friends, including Drs. Lockey and Verkauf and their families', to "Journeys End" in Boca Grande, Florida, where they fished for tarpon and got to know one another. This book is about stellar physicians in this Department and their ability to change. Dr. Verkauf, a charter faculty member of the USF College of Medicine, practiced OB/GYN in the city of Tampa for greater than 35 years. He is now retired and continues to be active in the community.

The Walter E. Afield, MD History of the USF MCOM

A 3rd book by Walter E. Afield, MD, is a bit more

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controversial and is entitled "The History of the Founding and Building of the University of South Florida College of Medicine from 'Reminiscences of an Old Man'" (2017, www.mygenealogyconsultant.com). It also contains a lot of the history of the James A. Haley Veterans' Administration Hospital and St. Joseph's Mental Health Center. David A. Hoffman assisted Dr. Afield in editing this book which documents the early history of the USF MCOM and the controversies associated with its founding, not only among politicians and interested citizens, but also among local physicians who had established practices in Tampa. It documents the founding department chairs and much of the history of Tampa itself, how the city influenced the founding of the MCOM, and how the medical school gradually became a vital part of the Tampa Bay community. It is filled with many wonderful pictures and documentation of USF MCOM's early history, the problems associated with its founding, and many of the successes (and some failures) from Dr. Afield's perspective. Dr. Afield was the first chair of psychiatry at the MCOM and continues to be active in the medical community.

History of and Charter Faculty Personal Vignettes of the History of the USF MCOM

The last and most recent book, published in 2018, is entitled "The Early Years at the USF Morsani College of Medicine – First Hand Accounts of the Founding of the Department of Internal Medicine and its Divisions" (www.MyGenealogyConsultant.com) and is edited by Richard F. Lockey, MD, MS, a charter faculty member, and David Hoffman, MSML It chronicles the history of the USF MCOM with emphasis on the Department of Internal Medicine and its divisions. It contains personal essays primarily from charter faculty members who arrived in Tampa in the early 1970s to a campus before or as the medical school was being constructed. The book is unique in that the personal stories of the physicians, residents and staff who were there at the time chronicle the founding of the Department of Internal Medicine at the University of South Florida College of Medicine. The true accounts of what it was like to learn and practice medicine during the early 1970s both inspires and sheds light on a generation of doctors who paved the way for the advances in medicine that we enjoy today. It documents the simplicity of interacting with Dr. Roy Behnke, the first Chair of Internal Medicine, as well as its first Dean, Donn Smith, MD. Both knew everybody on a personal basis. Some of the authors lament the fact that the practice of medicine, teaching and research have become so much more complex and less personal, with emphasis on the computer, billing, regulations, and formal documentation of everything physicians are required to do on a daily basis.

The University of South Florida Medical School was chartered by the Florida Legislature in 1965 and enrolled its charter class in 1971. Today, the medical school has transformed into a major academic medical center known statewide and nationally for its innovative curriculum. The college was renamed the USF Health Morsani College of Medicine in 2011, signifying its leading role in changing how medical schools teach physicians of the future.

To order single copies: www.lulu.com/shop. You can search for the books by title, author or ISBN number as follows: Hardback (color) ISBN: 9780986213410; Hardback (black & white) ISBN: 9780986213434; Paperback (black & white) ISBN: 9780986213427. Dr. Lockey does not receive any royalties for this book.

In summary, these books are all available at the USF Library. They document the wonderful and unique history of the USF MCOM and its tremendous accomplishments over the nearly 50 or so past years.

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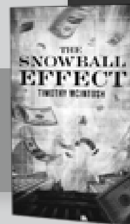

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Tales from the ER

Psychosomatic or Organic?

William Davison, MD
davrac4964@gmail.com

It was an ordinary busy late afternoon in the emergency department when the nurse brought to my attention a 28 year old male who just arrived by auto complaining of being unable to talk. The rapid history was that he was perfectly fine and normal about two hours ago before he took a nap. When he awoke, he was fine except he could not form his words to speak in any fashion. This issue, obviously, came up during his afternoon nap. He had no history of any medical problems and denied headache or any other discomfort.

He was currently undergoing treatment at a VA hospital for P.T.S.D. He was estranged from his wife, ostensibly due to his behavioral and mental/emotional issues. He was taking some medication but the identity of it was unknown. The meds were strictly for his P.T.S.D., according to family and the patient himself.

Rapid physical exam revealed a young w/d w/n white male who was only able to communicate by writing his answers and questions on notebook paper. Suffice it to say, the physical examination failed to show any kind of motor or sensory deficit. However, he could not audibly express himself but could do so on paper with no problems.

A stat CT scan of the brain and lab testing were all within normal limits.

A phone call placed to the neurologist on call resulted in a request for a stat MRI of the brain. Unfortunately, we were not able to provide a head MRI at this facility as the MRI was not in operation that afternoon.

A second phone call to the neurologist brought advice to transfer the patient to get a stat MRI. Seemingly, a relatively easy request but unfortunately we had a great deal of trouble accomplishing it.

The comprehensive stroke center was only an hour away but they were completely full and were not able to accept the patient.

Phone calls to other hospitals in the area were not successful either because they were not able to accomplish the requested stat MRI.

Finally, we found a hospital about 45 minutes away who agreed to take the patient in transfer to their emergency department with the specific idea of a stat MRI.

The overwhelming percentage as to the cause of this young man's problem was thought to be a conversion type reaction given his history of ongoing history of P.T.S.D. as well as his estrangement and impending divorce of his wife.

Just prior to his departure from our ER, the nurse checked his swallowing ability with a teaspoon of water. He was unable to swallow the water normally yet had absolutely no problem dealing with his own secretions (saliva).

Follow up on the transfer showed that the MRI done several hours later showed an acute, very small, and well circumscribed ischemic infarct that was the obvious cause of the problem.

The patient never developed any further deficits and was discharged from the hospital several days later. I do not know if he ever regained his speech. The lesson: even when it seems perfectly psychosomatic, organic causes need to be completely ruled out.

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Key provisions of HB 21 went into effect on July 1st, 2018. There will be a 3-7 day limit on Schedule II opioid prescriptions for acute pain and mandatory checking of the E-FORCSE database for most controlled substance prescriptions.

Contact Elke Lubin, HCMA Executive Assistant (ELubin@hcma.net) for information on where you can take the new, state-mandated controlled substance prescribing CME course online.

Mandatory CE on Controlled Substances must be Board approved

Each prescribing practitioner who is licensed in Florida and registered with the United States Drug Enforcement Agency, is required to take a Board-approved continuing education course, unless the practitioner is already required to complete such a course under his or her practice act.

The course applying to the first renewal date must be completed by January 31, 2019, and at each subsequent licensure renewal.

The ONLY approved CE providers are: (1) The Florida Medical Association, (2) Florida Osteopathic Medical Association, (3) Florida Academy of Family Physicians, and (4) Florida College of Emergency Physicians.

For more information go to: http://www.flhealthsource.gov/FloridaTakeControl

Minimally Invasive Robotic Liver Resection - A Modern State of the Art Technique in Treating Liver Tumors

Iswanto Sucandy, MD
iswanto.sucandy@ahss.org

In the early 1980's, liver resection was associated with high morbidity and mortality (approximately 25%). Major intraoperative bleeding was the most feared untoward event by the operating surgeon, and excessive bleeding was responsible for the high mortality. However, outcomes of liver resection have significantly evolved over the years with better understanding of the liver anatomy, advancement in surgical instrumentation, and improved perioperative care. Mortality after liver resection is now <1%. Consequently, more patients including the elderly have become a candidate for curative intent liver resection.

Surgical extirpation via liver resection is widely performed for both symptomatic benign and malignant liver masses. Liver resection with goal of achieving negative margins is considered the gold standard curative treatment for primary (hepatocellular carcinoma with preserved liver function and intrahepatic cholangiocarcinoma) and metastatic liver tumors (colorectal cancer, neuroendocrine tumor, sarcoma, ovarian tumor, etc with metastases to the liver). Specifically, for colorectal liver metastases, patients who do not undergo treatment, survival rates are poor (<2% at 5 years) [1]. In contrary, patients who undergo liver resection and systemic chemotherapy achieve 3-year and 5-year overall survival of 88% and 84%, respectively [3]. For liver lesions > 3 cm, treatment modalities such as radiofrequency ablation and microwave ablation are considered second line options after liver resection due to a higher rate of local recurrence/failure [1]. For liver lesions <3cm, a combination of intraoperative ablation and liver resection is commonly done by surgeons to achieve a tumor-free state, while adhering to the parenchymal-sparing liver surgery principal. Alternative treatments such as bland embolization, chemo-embolization, radio-embolization Y-90 are considered palliative in nature.

In the early 1990's, laparoscopy gained popularity in the field of General Surgery, marked by rapid adoption of laparoscopic cholecystectomy with 4 small incisions. Very quickly, laparoscopic cholecystectomy replaced open cholecystectomy as the standard of care, not just in America, but throughout the world. As more experience was gained with minimally invasive techniques, laparoscopic liver resection then became a new alternative approach for liver surgery. Minimally invasive liver resection can be offered as long as adequate future liver remnant volume (±25% of total liver volume) can be preserved. Number of lesions and evidence of bilateral tumors are no longer contraindications for resection. An important principle of minimally invasive liver surgery is that the indications for resection are similar as those for open liver resection.

Since 2008, indications and feasibility of minimally invasive liver resection are expanding in terms of tumor size, tumor location, number of lesions, extent of liver resection, level of technical difficulty, and degree of background liver cirrhosis [2-3]. This expansion has been driven by the known advantages of minimally invasive surgery, which include less intraoperative blood loss, reduced postoperative pain, reduced narcotic requirements, shorter hospital stay, significantly lower risk for perioperative complications, fewer days till resumption of oral intake, and faster overall recovery. Most patients require 7-10 days in the hospital after an open liver resection. In contrary, patients only require 2-4 days in the hospital after a minimally invasive liver resection. Postoperative chemotherapy can also be started much earlier after minimally invasive liver resection. Oncological outcomes are similar when compared to the traditional open operation [4].

In the world of minimally invasive surgery, there are inherent limitations of laparoscopic approaches, which include limited range of motion, two-dimensional view, amplification of physiologic tremors, and a steep learning curve. Robotic surgical system provides a solution to these technical limitations by providing magnified three-dimensional view, articulating instruments with seven degrees of freedom, and intuitive hand control movements. A single institution study by Tsung et al. showed only 49.1% of all laparoscopic liver resection were completed in a purely minimally invasive approach (i.e without the need to make a larger incision), compared to 93% completed in a purely minimally invasive manner if performed using the robotic technology [5]. Control of intraoperative bleeding, one of the most difficult aspects in minimally invasive liver surgery, can be facilitated via the

(continued)

robotic approach at any point during the operation, mostly due to greater degree of instrument movement and ease of suturing even in difficult areas.

Since 2013, we have undertaken 140 liver resections in our hepatobiliary program. The most common indications for the robotic liver resection included hepatocellular carcinoma (22%), metastatic colorectal cancer to the liver (20%), and symptomatic benign lesions (30%). Forty seven percent of patients underwent left-sided liver resection, 48% underwent right-sided liver resection, and the remainder underwent central liver resection (mostly for gallbladder cancer). Major hepatic resection (resection of more than 2 liver segments) was done in 70% of patients. Median operative time was 220 minutes, typical blood loss was less than 125 mL and average hospital stay was 3 days.

Advanced gastrointestinal endoscopic service, interventional radiology, hepatology, medical oncology, and radiation oncology are pertinent parts of a successful hepatobiliary program. At our Institution, complex hepatobiliary cases are discussed at a multidisciplinary tumor board in a collaborative manner. All hepatobiliary patients are managed in a dedicated hepatobiliary surgical unit by specially trained providers and nurses. A formalized Enhanced Recovery After Surgery (ERAS) program contributes to better perioperative outcomes. Our program at the Digestive Health Institute at Florida Hospital Tampa is one of the busiest robotic liver and pancreatic surgery programs in the country, serving patients from throughout the Southeastern United States and beyond.

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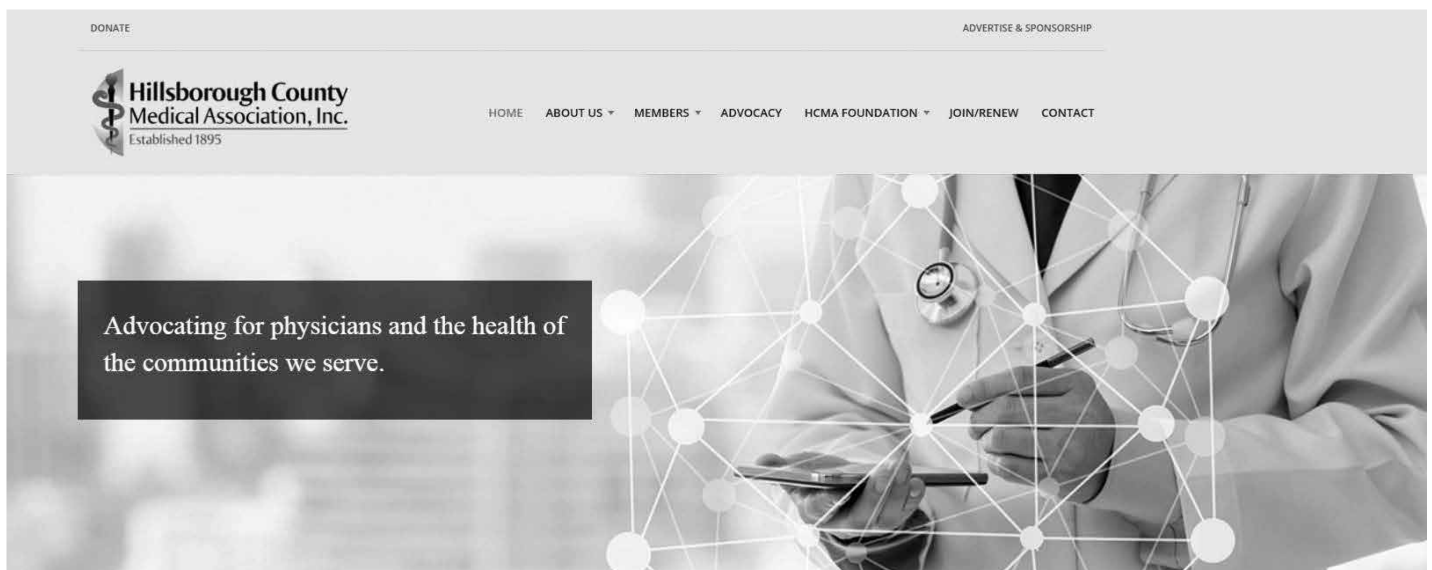

Personal News

In Memoriam

Dr. Jorge Luis Inga, son of Dr. Jorge and Francisca Inga, passed away on May the 18th. He had a wonderful soul, a generous heart and a bright mind. He was a beacon of light to all of those around him. He was born in Lima, Peru and was raised in Tampa since a very early age. He attended Christ the King Catholic Elementary School and then the Jesuit High School in Tampa.

He went on to college at Tulane University in New Orleans where he graduated with a major in Biology. He attended Medical School in Guadalajara and graduated from Medical School at New York Medical College. He specialized in Family Practice at Ohio State University where he was named Resident of the year on two occasions. His compassion and dedication to his patients were evident since the beginning, and he was an example to all. He is also survived by his wife, children, sister, brother and many family members and friends.

Our condolences to the family and friends of Dr. Jorge Luis Inga.

Being Proactive!

Lobbying on behalf of medicine, HCMA members Drs. Jayant Rao and Damian Caraballo (far left and far right) met with Congressman Gus Bilirakis (pictured) and Congresswoman Kathy Castor last month in Washington.

Riding for Alzheimer's

At the end of July, HCMA Past President, Dr. Edward Farrior, participated a 100-mile bike ride trip as part of a fundraiser for Alzheimer's. It took place through the hills of Surrey finishing on the Mall, just outside Buckingham Palace.

"My dad has always had an eidetic memory and continues to possess this power at 93. It is a blessing to us all and I hope these small efforts on my part may give others this blessing," remarked Dr. Farrior.

Active & Involved

Congratulations to Dr. Madelyn Butler, HCMA and FMA Past President, for being re-elected to the AMA's Council on Constitution & Bylaws during the AMA Annual meeting in June! Thank you for your continued involvement in organized medicine...at all levels: HCMA, FMA, and AMA!

Dr. Nicole Riddle, at the AMA Annual meeting, speaking on behalf of the Pathology Section Council. Dr. Riddle is also very involved in organized medicine, in multiple capacities. Dr. Riddle serves on the HCMA Executive Council as the At Large representative and also serves on our Government Affairs and Membership committees.

Several members of Florida's delegation to the AMA, which include HCMA members, had the opportunity to meet U.S. Surgeon General Jerome Adams, M.D., during the AMA House of Delegates Annual Meeting in Chicago in June. From left to right: Past HCMA and FMA President Dr. Madelyn Butler, Past FMA President Dr. Ralph Nobo, Jr., U.S. Surgeon General Dr. Jerome Adams, Past FMA Resident and Fellow Section Board Representative Dr. Hansel Tookes, and HCMA member Dr. Rebecca Johnson.

HCMA member provides medical keynote for the NFL Players Association

Dr. Rahul Mehra, HCMA member and CEO/ Chief Medical Officer of MehraVista Health, provided the medical keynote for a recent event hosted by the NFL Players Association. The event was entitled Beyond the Physical: A Symposium on Mental Health in Sports and intended to raise awareness about mental health and promote the inclusion of mental health as part of an overall wellness plan. The event included topics that ranged from mental health's effects on performance and the pressures of being a professional athlete.

"I am very excited to have helped educate the NFL Players Association on the importance of mental health in sports," said Dr. Mehra. "We started some meaningful conversations that will make significant impact."

VOTE BY MAIL!

Take advantage of the opportunity to vote by mail.

Primary elections will be held August 28th, the general election is November 6th.

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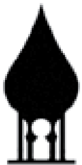

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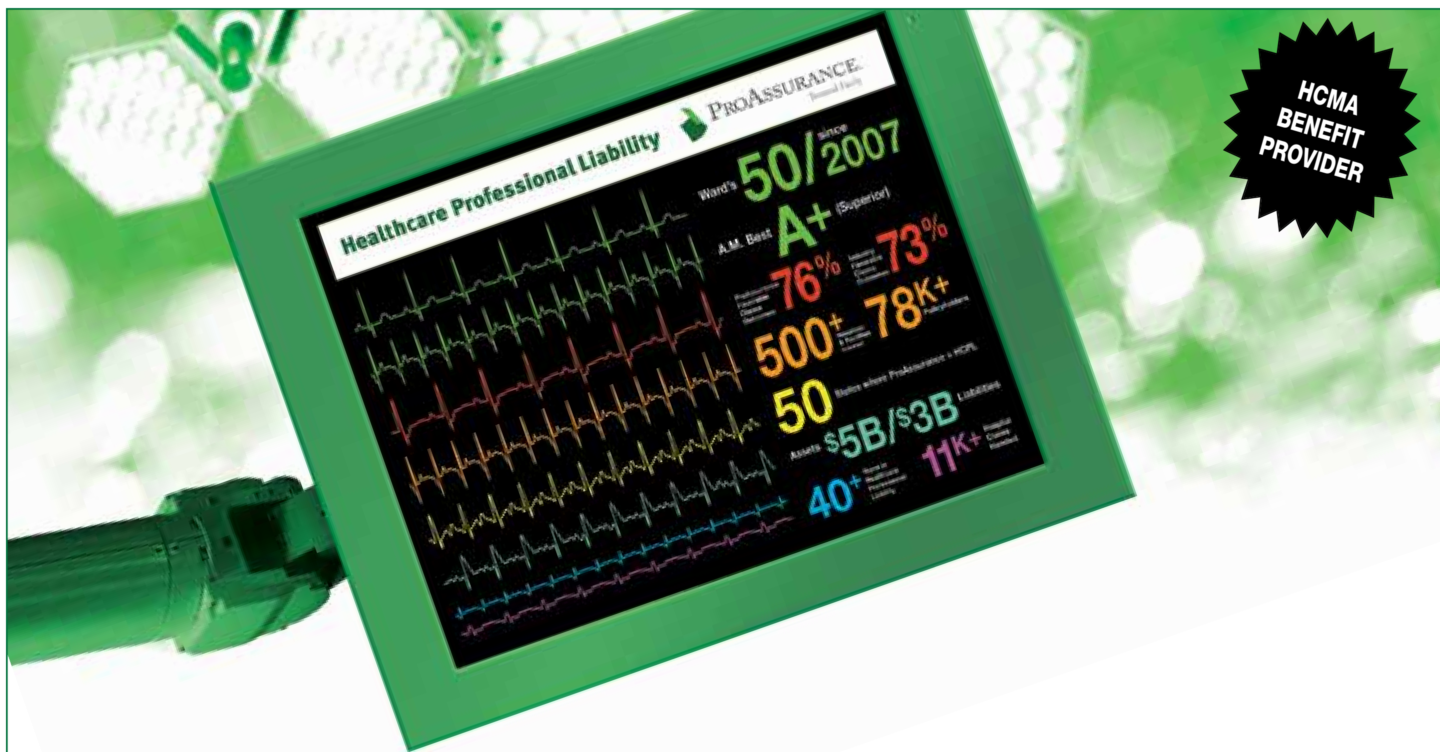

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