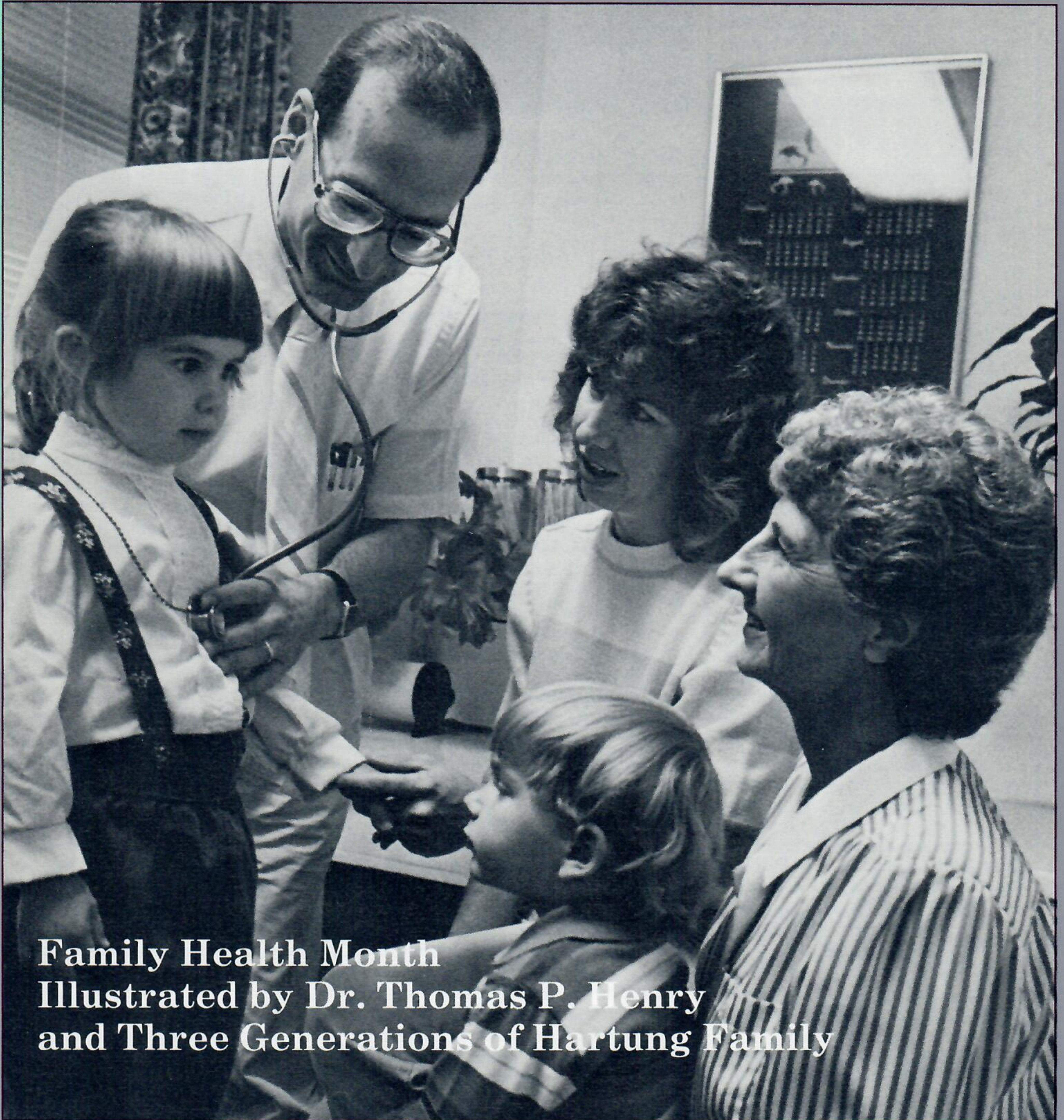


Oregon

# FAMILY PHYSICIAN

OREGON ACADEMY OF FAMILY PHYSICIANS

FALL 1987



**Family Health Month  
Illustrated by Dr. Thomas P. Henry  
and Three Generations of Hartung Family**



# MESSAGE FROM MARY

by **Mary Lundy**,  
Executive Director

I hope by the time you receive this issue of *Oregon Family Physician* some of the Academy's accumulated paper, records and equipment will have been moved to the Academy's new headquarters in the loft of the Lundy home.

The move has been a dream of mine for years — the opportunity for a "working wife" to do both of my jobs better.

It was carefully considered, not only by me, but by the Board of Directors when I asked their permission for the move. Please be assured that I am as available to you at 12300 S.W. Tooze Road in Sherwood as I have been at 1700 S.W. Columbia. While the office gets very little "walk in" traffic, I am pleased when new young family physicians occasionally come in to talk about practice opportunities, or pharmaceutical house reps come in to offer funding for our scientific program. I asked several of my counterparts in other states who maintain Academy offices in their homes about their experience, and they were almost universally positive. It's an experiment. One that I fervently hope will work out to our mutual advantage.

We will be officially in the new office November 1. We'll do everything possible to make the move so painless you won't even know the difference, except of course, that you'll all note the new address of the Academy, effective November 1: OAFP, 12300 S.W. Tooze Road, Sherwood, Oregon 97140.

## COMING UP

October 31, Infectious Disease Symposium, sponsored by OAFP, with the assistance of Lilly. Red Lion/Jantzen Beach.

November 6-8, OMA House of Delegates

January 22-24, FP OB Ski III, Inn of the 7th Mountain, Bend

February 5, Lederle Symposium on Depression, OAFP Board Meeting

April 28-May 1, OAFP ANNUAL SCIENTIFIC ASSEMBLY, Eugene

# Oregon FAMILY PHYSICIAN

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FALL 1987

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## ABOUT THE COVER

Thomas P. Henry, M.D., of the Mt. Tabor Family Medical Group, illustrates classic family medicine by posing with his patients from the Hartung family.

They are, from left, Stephanie and Kirk Hartung, their mother Toni Hartung and her mother-in-law Lenore Hartung. Three generations receiving their medical care from the same physician.

The gathering was not for medical purposes, but to "Family Health Month" (October).

Dr. Henry graduated from Oregon State University in 1971, and received his medical degree from Oregon Health Sciences University in 1975. He completed his residency in Family Practice at Good Samaritan in Dayton, Ohio in 1978, and became a Board Certified Family Physician in 1978. Dr. Henry began private practice with the Mt. Tabor Family Medical Group in 1979.



# CULTURAL EXCHANGE PROGRAM MEETS CHILD CARE NEEDS



*Ursula Riester, a young West German who speaks French fluently, was first au pair in Oregon under the cultural exchange visa.*

by **B.K. Schmidt**

"As I told Andria, I must show up for work. Doctor's hours are irregular, and you have to be there when on duty."

Dr. Mary Ellen Coulter, family practitioner at the St. Charles Immediate Care Center in Bend, summed up her reasons for needing a European *au pair* under the new cultural exchange/child care program.

Now in its second year, au Pair in America has placed 1600 competent young child care providers in American host families who need their child care skills and responsible approach. The program, which brings selected young men and women into selected American families, provides an alternative solution to the problems young parents face when arranging sound child care for their babies and children.

An *au pair* is an equal family member, on a par with other members. They are rather like visiting cousins, who have come to take care of your children. Host families provide room and board, substantial pocket money, and the commitment to provide a genuine cultural exchange experience.

Barbara Kugel Schmidt, Community Counselor for the program, explained that au Pair in America

provides a legal, well supervised program under the aegis of the American Institute for Foreign Study Scholarship Foundation. It is a far cry from the under-the-table, sometimes exploitive situations, which have occurred when Europeans work in the U.S. while holding student or tourist visas.

Contracts are made for 45 hours per week child care in a supportive, family atmosphere. She emphasized that throughout the year long stay, both parties to the contract are in touch with the Community Counselor.

Ms. Schmidt, a former Foreign Service Officer, described herself somewhat as a coordinator and facilitator. "I fade into the background after initial screening and matching of hosts and *au pairs* according to interests, needs, and cultural preferences. But I am available if problems arise. In the unlikely event of a poor match, I can move the au pair to another family."

"As in any home situation, good planning is the key. Families who develop clear schedules and clear expectations with their *au pair* have the neatest experiences. In the case of doctors, the 45 hour schedule is going to be irregular, but there are predictable patterns."

*Au pairs* are involved in community events. The program expects

them to pursue interests at the community college, in recreation classes, and in private lessons.

The program was authorized to receive J-1 visas in the spring of 1986, and the first *au pair* in Oregon — a young German who speaks good French as well — came to join the family of a Portland oncologist last October. Her replacement, another Parisian, will arrive October 3, 1987.

As more families hear of *au pairs*, the program is growing exponentially. Clusters of *au pairs* meet with Ms. Schmidt in Portland and in Bend. They provide a continuing support group for each other, and many cross cultural friendships are being formed among the *au pairs* themselves.

When asked whether they speak English, Ms. Schmidt chuckles. "Of course. They are screened for language skills, general stability and health, and child care experience. The question is, "What cultural experience do YOU want YOUR child to have?" Some families insist on French, German, or Scandinavian speakers. Others prefer English, Scot, or Irish young people. We can provide *au pairs* from essentially any cultural background in western and central Europe."

Culture shock is minimized by a comprehensive orientation in New York City; then the *au pairs* fly to their host families. Until that time, the only direct contact with their host family has been by transatlantic phone call. During these calls, the prospective hosts interview their probable matches, raising any special needs or concerns.

Currently, there are three two doctor families, two single health practitioners, as well as other medical families in the program.

"Although many families will want *au pairs* when they learn of us, I expect that medical households will be the primary host family group in Oregon."

Ms. Schmidt may be contacted for add'l info about this not-for-profit AIFS program at 503-636-6055 or by writing 660 10th St., Lake Oswego, Oregon 97034.



## PRESIDENT'S LETTER



by Patricia Park Ahlen, M.D.

I just received notes on recent AAFP Board action from the July 30-August 1 meeting in Toronto. We will soon receive two National High Blood Pressure Education Program booklets from NIH (approved by the AAFP Commission on Public Health).

They have not finally approved but are working on the AAFP Mammography guidelines.

The Committee on Health Education studied, and the Board endorsed, the American Heart Association's Heart Rx Patient Education Kit. It has subsections on hypertension, smoking, diet and exercise, etc. It's a compilation of materials on a specific topic for use by doctors and their staffs.

Now to the state level, I thought I'd pass on the names of family physicians who sit on various OMA committees. My apologies in advance if I have missed anyone.

The Legislative Committee is probably most like our Public Policy Committee. Apparently the committee size was recently reduced. **Thomas Reardon** is not an OAFP member, but is a family physician. **Dutch Reinschmidt** is the OAFP's only physician member. Luckily, **Mary Lundy** is still on the Committee and works to protect our interest when the Legislative Committee decides which bills to support, oppose or watch.

**Roy Hall** is our only member on the Workers Compensation Advisory Committee. We'll need to ask him how he feels the new Workers Comp law changes affect us.

**Larry Hirons** is a family physician on the Pharmacy and Drug Committee; however, he's not an OAFP member.

I don't think we have anyone on the Ethics Committee.

Here's who to contact if you want to try to impact AFS negotiations — the AFS Advisory Committee. Our members are **Janet Kelly**, **George Waldmann**, **Keith White** and **Alton Wiebe**. We wish them luck.

**Dan Moore** and **Dan Roberts** are on the Member Benefits Committee.

We have some pretty strong voices on the OMPRO Liaison Committee. They are **Doug Lieuallen**, **Ernest Price** and **Clint Weeks**.

We have no one on the Medical-Legal Committee.

The Physicians' Committee helps and sets up interventions with troubled physicians. They especially concentrate on those involved in drug and alcohol abuse. Our member is **Ron Findlay**.

**Tom Miller** is the Chairman of the Malpractice Loss Prevention Education Committee.

The Private Insurance Committee gave us that nice print out of HMOs and PPOs around the state. Our members are **George Hughes**, **Dale Reynolds**, and **Clint Weeks**.

**Bill Toffler** is on the Medical Aspects of School Sports Committee.

We don't have anyone on the Membership Committee.

**Joan Tanner** and **Vic Vore** are both on the Public Education Committee (Public Relations).

We're heavily represented on the Public Health and Safety Committee. Members are **Sarah Hendrickson**, **Larry Jackson**, **Joan Tanner** and **Pat Ahlen**.

**Bill Fisher**, a careful and precise fellow, chairs the Bylaws Committee.

The Professional Consultation Committee negotiates with CNA on coverage and costs. They hear appeals of those who have lost professional liability insurance. They also try to spot and recommend alternatives to those who seem to

have a profusion of claims. Our members are **Bill Fisher** and **Tom Miller**. **Tom Reardon** also serves on this Committee.

The Professional Assessment Committee reviews cases of alleged malpractice against members to assess whether the standard of care was met. Our members are **Ray Reichle**, **Robert Bain**, **Willis Irvine**, **Jane-Ellen Sonneland** and **Vic Vore**.

The Medical Review Committee is fairly close to a peer review committee. Our members are **Dan Roberts** and **Larry Tripp**.

The Board of Censors is self-explanatory. Our members are **Bill Fisher**, **Tom Miller**, **Dutch Reinschmidt** and **George Waldman**.

If you wish to contact any member of these committees, Mary can put you in touch with them.

On a final note, the OAFP Congress directed us to get more involved in professional liability issues as an organization. We are in the process of appointing that Committee. If you'd like to serve, please contact the Academy office.



*"Quality is never an accident; it is always the result of intelligent effort. It is the will to produce a superior thing."*

*John Ruskin, English Writer*



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## FROM THE HILL—

by William L. Toffler, M.D.

I am glad to have this opportunity to share what's happening in patient care at the Department of Family Medicine.

Most notable has been the growth in the number of visits to the Family Practice Center. Just two years ago the total number of Family Practice Center visits was 12,822 and this has grown to 21,516 (an increase of 68%). The Family Practice Center is now responsible for approximately 12 percent of all the outpatient visits at Oregon Health Sciences University. The patients seen provide an ample opportunity for outpatient teaching and research. The Family Practice Center provides a significant portion of the primary care base for the University Hospital.

The rapid growth has not been without its "growing pains". There have been significant changes with respect to staffing, policies and procedures. Schedules of residents and faculty alike have had to be altered to accommodate the increased volume. We have just completed a new cluster of exam rooms around an efficient central nursing station in an area that used to serve as faculty offices and a library/lounge.

Our Urgent Care Center has also grown. We have expanded the hours and coverage and, again, have had to relocate faculty offices to make room for an expanded reception/business area.

Since January 1, 1986, the Family Practice Center has served as the Employee Health Service for the university. This service includes TB screening, occupational exposures, injuries, preventive health measures, and other assorted services. One of the largest ongoing preventive programs is the immunization of all those at risk for hepatitis B. The program utilizes an intradermal technique and our experience with this technique is among the largest anywhere. Beyond the regular Family Practice Center visits there are an additional 1,200 visits for employee health issues.

Teaching in the Family Practice Center has been augmented significantly. We now have regularly

scheduled one-on-one sessions as well as videotaping for all residents. In addition, there are daily "check out" rounds to afford an opportunity to share interesting cases and allow the teaching of the principles and practice of family medicine.

The Department of Family Medicine has several off-site practice liaisons. These include the Rosemont School for Girls, Terwilliger Plaza for senior residents, and the Waverly Children's Home. These programs provide for care at the specific facility that improves the accessibility to health care at each facility. These liaisons benefit the department by providing a large pool of patients in specific age groups to be a part of our teaching program.

The hard work on the part of all divisions within the department has led to the recent full accreditation, for five years, of the residency

program. The few constructive critical comments made during the accreditation process have already been responded to and the appropriate changes are well on their way to implementation.

### OTHER NEWS:

**Gale Lewis, M.D.** joins the faculty October 1, 1987 as a patient care physician. Gale is a 1987 graduate of the family practice residency program at the Kaiser Permanente Sunset Hospital in Los Angeles, California.

**Lewis B. Barnett, Jr., M.D.**, Professor and Chairman of the University of Virginia Department of Family Medicine served as the fourth annual Mack Lipkin Visiting Professor September 20 to 23, 1987.

The department has been awarded a grant from Merck and Company to study Lovastatin; the department will be seeking patients with Type II hyperlipidemia.

Thirteen students participated in the new summer observership program, an office-based family medicine experience offered to students before beginning their first semester of medical school.



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## LEARNERS TODAY, LEADERS TOMORROW — A STUDENT'S PERSPECTIVE

by Bruce E. Thompson, MS II

THANK YOU, OAFP! What an exciting meeting! So many opportunities to learn, generate ideas, work with a great group of energetic people, participate in a process which seeks to guide policy decisions on national health related issues, and to have fun while doing all of this. Since this was the first time I had attended the National Conference, I was not sure what to expect. Thursday evening opening activities included registration and an invitation to stroll through the exhibit area of residency and post-residency opportunities. Friday morning offered an opening session with keynote speakers. Dr. Alan Blum, the founder of Doctor's Ought to Care (DOC) started our day with the following quote: "Homogeneity Recapitulates Boredom". The antithesis of this was demonstrated in the variety of workshops offered, as well as the diversity of the individuals in attendance. Workshop topics included: residency selection, OB for family physicians, women in medicine, contract negotiations, drug-induced illness in the elderly, computers in medicine, practice management, patient education, teenage pregnancy, and many others. I attended sessions on family medicine student interest groups, leadership training, legislation, and developing DOC chapters.

Friday evening entertainment included an AAFP headquarters reception, followed by a bus ride to Worlds of Fun, where we enjoyed all the favorite rides such as the Zambesi Zinger, the Orient Express and Waters of the Nile. Saturday morning

started with a 5K "fun" run. Who's kidding whom? Turn a field full of medical students and residents, who have been cooped up for two days in meetings, loose on a 5K course, and you would think there was a \$10,000 purse waiting for the winner. Besides, what's fun about oozing buckets of sweat at 7 a.m. in 90% humidity? The winning time was 17:03, which impressed me. I was happy to complete the course and finish in the top 40, but I didn't have much left for the square dance that evening.

The aspect of this conference that impressed me most was the sincere effort of the AAFP to solicit input from physicians in training — input the Academy uses to steer their thinking, make policy statements, underline areas of need and thereby shape the future of family medicine. This was the mes-

sage in the business sessions where we met and elected student officers. The same message was present in the reference committee meetings where we had an opportunity to let our concerns be heard, and to offer resolutions; where we had a chance to say,

"I think this is an important issue. What do you think?" There were two resolutions submitted by the representatives from Oregon. One resolution addressed the issue of sexually-oriented advertising in youth-oriented publications. A second resolution requested an updating of existing AAFP policy regarding nuclear armaments. The current policy statement of the AAFP was adopted in 1982, and endorses the concept of a moratorium.

It was our feeling that an endorsement of the concept of worldwide nuclear disarmament would be appropriate. In addition, this resolution directed the AAFP to bring its policy statement to the attention of national legislators.

This was my first immersion into another facet of the role a Family Physician has in society, a facet which is not easy to see from a student's perspective after months of attending classes all day. But the 1987 NCFPR / NCSM opened my eyes a little wider, and reminded me of some

of the reasons why, after ten years as a researcher in marine ecology, I decided to become a family physician.

I look forward to the future with its increasing opportunities to contribute to health promotion and the wellness of society.

***The aspect of this conference that impressed me most was the sincere effort of the AAFP to solicit input from physicians in training — input the Academy uses to steer their thinking, make policy statements, underline areas of need and thereby shape the future of family medicine.***



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## FINANCIAL WIZARDS NEEDED

In order to maximize the return on the Academy's reserves, President Pat Ahlen has appointed a Finance Committee to advise the Board on investments and other financial matters. Any member of the Academy who is knowledgeable and experienced in such matters is welcome to become a member of the Committee. If you've made over 3% over inflation on your personal portfolio in the past couple of years, you qualify! Contact the Academy office to volunteer — 224-6966 in Portland.

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## CALL FOR ABSTRACTS

The OAFP Research Committee is requesting research abstracts for its presentation at the 1988 Annual Scientific Assembly in late April, early May, 1988 at the Valley River Inn, Eugene, Oregon. The program features a 20-minute segment on family physicians' research.

The \$50 registration fee for the Annual Meeting will be waived for the physicians chosen to present papers.

Abstracts must be no longer

than two double-spaced typewritten pages (including charts and graphs) and must be submitted no later than January 15, 1988. The jury will make its selection by February 1. Inquiries should be directed to William L. Toffler, M.D., Research Committee Chairman, Department of Family Medicine, OHSU, 279-5321. Abstracts should be addressed to the OAFP, 1700 S.W. Columbia, Portland, Oregon 97201.

## AIDS PROTECTION FOR OFFICE STAFF

Health Division Recommended Practices for Preventing the Transmission of HIV in the Office Setting.

Answer yes to all of the following questions for the best staff protection.

1. Do you discard syringes and needles immediately after use into a puncture-proof disposable container without recapping?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you put on gloves when drawing blood? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you put on gloves when a patient comes in with a bleeding wound? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you put on gloves when a patient needs a dressing change?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. If you re-use speculums, are they disinfected or sterilized between patients? Yes \_\_\_\_\_ No \_\_\_\_\_
6. After cleaning up blood or emesis from the environment, do you wipe the area with a disinfectant and immediately dispose of the soiled articles into a plastic bag with a tie? Yes \_\_\_\_\_ No \_\_\_\_\_

### CARE OF SHARPS (SUTURES, NEEDLES/SYRINGES, PIPETTES)

1. DO NOT RECAP NEEDLES.
2. Place rigid, puncture-proof disposable sharps containers near points of use. Puncture-proof disposable needle containers may be purchased in a variety of sizes and shapes from medical supply companies. To dispose of containers, secure lid, using tape if necessary, and place with trash for regular trash pickup.
3. To avoid injury when disengaging the needle from a vacutainer holder, insert the uncapped needle into the keyhole-shaped opening in the top of most sharps containers and twist or grasp the needle gently with the blades of a clip-style container and twist. An alternative is to purchase a "cap holder". It is a small, inexpensive product which holds the needle cap, usually upright on a flat surface. Personnel can then safely insert the needle into the cap without actually holding the cap in their hand.





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## MEMBERS IN THE NEWS

**Tina Castanares, M.D.**, working through Hood River's Clinica del Carino, has been completing physical exams for those wishing to apply for legalization under the Immigration Reform and Control Act of 1987; and more clients have been registered through the Hood River Legalization Project than any other in the state; according to the *Hood River News*.

**Richard Evans** has joined Dr. **Richard Ulman** in Florence, according to a two column article accompanied by a photo of Dr. Evans and his family in the *Florence Siuslaw News*.

**Larry Sharp, D.O.**, Sutherlin's newest family physician, was pictured in an article in the *Sutherline Sun Tribune*. Dr. Sharp and his family will live in Roseburg. He comes to Oregon from Hawley Army Community Hospital at Fort Benjamin Harrison, Indiana.

**Janet Kelly**, Scappoose, spoke in June on prevention, detection and treatment of cancers of the bowel, lung and breast, at the third in a series of medical lectures sponsored by St. Helens Hospital and Health Center, according to the *Scappoose Spotlight*.

A pair of Milton-Freewater members combined their practices, according to the *Valley Herald*. Drs. **Ron Fleck** and **George Kuzma** joined forces in June to "streamline the system".

**Bob Taylor**, OHSU, begged to differ with an article in the *Oregonian* which stated that only Emanuel, Good Sam and Kaiser trained residents or staff in communication. He pointed out the family practice residents on the Hill attend two conferences weekly that address communication and behavioral issues in health care. They are also videotaped in patient interviews to improve their interpersonal communication skills.

Drs. **Chris Edwardson** and **Robert McQueen**, Dallas, will staff a new clinic in Keizer, according to the *Salem Statesman Journal*. It is a satellite clinic of the Valley Community Hospital in Dallas.

The *Salem Statesman Journal* reported that **David Grube** is among the finalists for the national Family Doctor of the Year award of the AAFP. The *Corvallis Gazette-Times* reported on it as well.

The *Daily Astorian* bemoaned the exodus of physicians from Astoria in the wake of the Patrick antitrust case.

**Don Orwick** will re-locate his practice to the Salem Clinic.

**Sharon Thrall**, Douglas County Health Officer, had a case of plague to contend with when a Roseburg resident fell ill and died of plague after a bowhunting trip in eastern Coos County, according to the *Oregonian*. Dr. Thrall was assisted in her investigation by CDC.

**Ben Kenagy**, Eugene, is helping out in Boardman until the Morrow County Medical Board can find a permanent solution to the area's chronic physician shortage. Dr. **Edward Crippen** and Dr. **Wallace Wolff** are also providing care until a new full-time doctor can be found. The *Pendleton East Oregonian* described the community's difficulties in finding and keeping new physicians.

A game of "musical chairs" was described by the *Redmond Spokesman* in reporting the full-time staffing of Central Oregon District Hospital ER. The arrangement takes **Roger Ambrosion** from the Cascade Medical Clinic to work in the ER, and **William Claridge** from his solo practice to Cascade. Drs. **Bob Guild**, **Steve Cross**, **Michael Price**, **Jim Detwiler**, **Mark Valenti** and Dr. Claridge will take their turns in the ER also.

**Stephen Nicholson** has left Lincoln City to take a position at Mt. Hood Medical Center's ReadyCare minor injury and illness clinic, according to the *Sandy Post*.

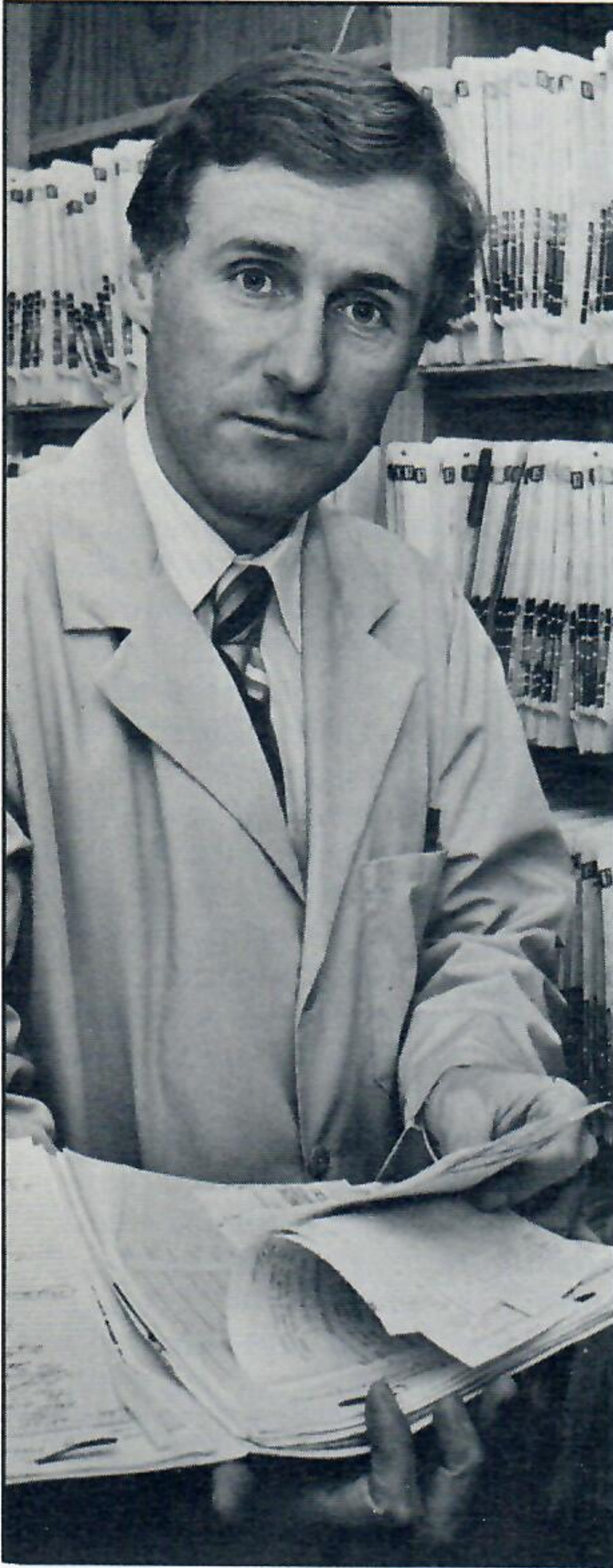
**Burt Pattee's** Odyssey to Mexico to help citizens of Oaxaca as a representative of Northwest Medical Teams, was described in the *Hillsboro Argus*. He described Oaxaca, in southern Mexico between Guatemala and Mexico City, as probably the poorest state in Mexico, its residents hard hit by starvation. He held clinics in ranchos where he'd sit on a chair or log and see lines of patients. He endured bureaucrats and earthquakes, as well as an amorous pig in his travels.

A photo of **Bill Weare**, Burns, accompanied an article in the *Family Practice News* describing his research on rubella immunity screening presented at the OAFP Annual Scientific Assembly.

**Mike Kelber**, **Pat Ahlen** and **Peter Goodwin** were also pictured in another article in the July 15-31 issue of *Family Practice News* that described several segments of the scientific program.



### PRACTICE BROCHURES



by Peter Schludermann, M.D.

Imagine that you are running behind schedule at 4:30 on a Friday afternoon. You've just spent 30 minutes with a new patient who had a 20-minute appointment. Now your new convert wants to chat. "How long have you been in Hillsboro, Doctor? Will you bill my insurance for me? What are your office hours? Are you open Saturdays? What if I get sick on a weekend? Do you take x-rays in the office?"

A prepared doctor would hand the patient an updated "practice brochure" and say, "This is a brochure explaining my practice, facilities and staff. We'll be happy to answer any further questions you may have."

A practice brochure is merely another form of communication between you and your patient. With it, you can explain your training, philosophy, procedures, policies, so that your patient may know what to expect. You can 1) *identify yourself and your services.* What do you wish to emphasize about your approach to patients? Fitness? Prevention? Education? Lab and x-ray facilities? Special areas of interest and experience? Board certification? Surgical and OB? Hospitals attended? 2) *Tell patients how and when they can reach you.* What are your hours? How are appointments handled? What is your policy on walk-ins or seeing another family member without an appointment? Do you encourage minor injuries (lacerations, etc.) to come to the office? Do you have an answering service? Share calls? What are your policies regarding latecomers or no-shows? You might handle phone backs and prescription renewals in a special way. Are new patients welcome? Do you want to make a statement about diagnosing over the phone? Is there a day your office is closed? 3) *Outline policies on payment and insurance.* Do you require cash at first visit? Are charge cards accepted? Perhaps you require payment with every visit. Does your staff routinely bill insurance or help to fill out forms? Is Medicare assignment routinely or selectively accepted? Are patients encouraged to inquire about fees? Are you a member of any HMO or IPA plans in which billings are handled differently? How are billings by outside labs handled? 4) *Touch on other matters.* Is there a "no smoking" policy in the office? Are patients encouraged to report their progress or lack thereof? Do you request that specialist referrals are arranged through your office so that you can follow a problem and have a complete medical record? It might be helpful to reaffirm that the medical information in the patient's chart is confidential

except to substantiate an insurance claim. You could add a short description on how to find your office. The patient could be encouraged to keep your office up to date on address, phone number and insurance information.

You will make a better impression if your brochure is attractive and understandable. Professional help for layout and decoration may well be worth the extra cost. Writing style would best be simple and casual, as if you were conversing with a patient. Emphasize the positive and try to avoid a critical or condescending tone. If you add too much staff detail (e.g., staff names) you might find yourself updating your creation too frequently.

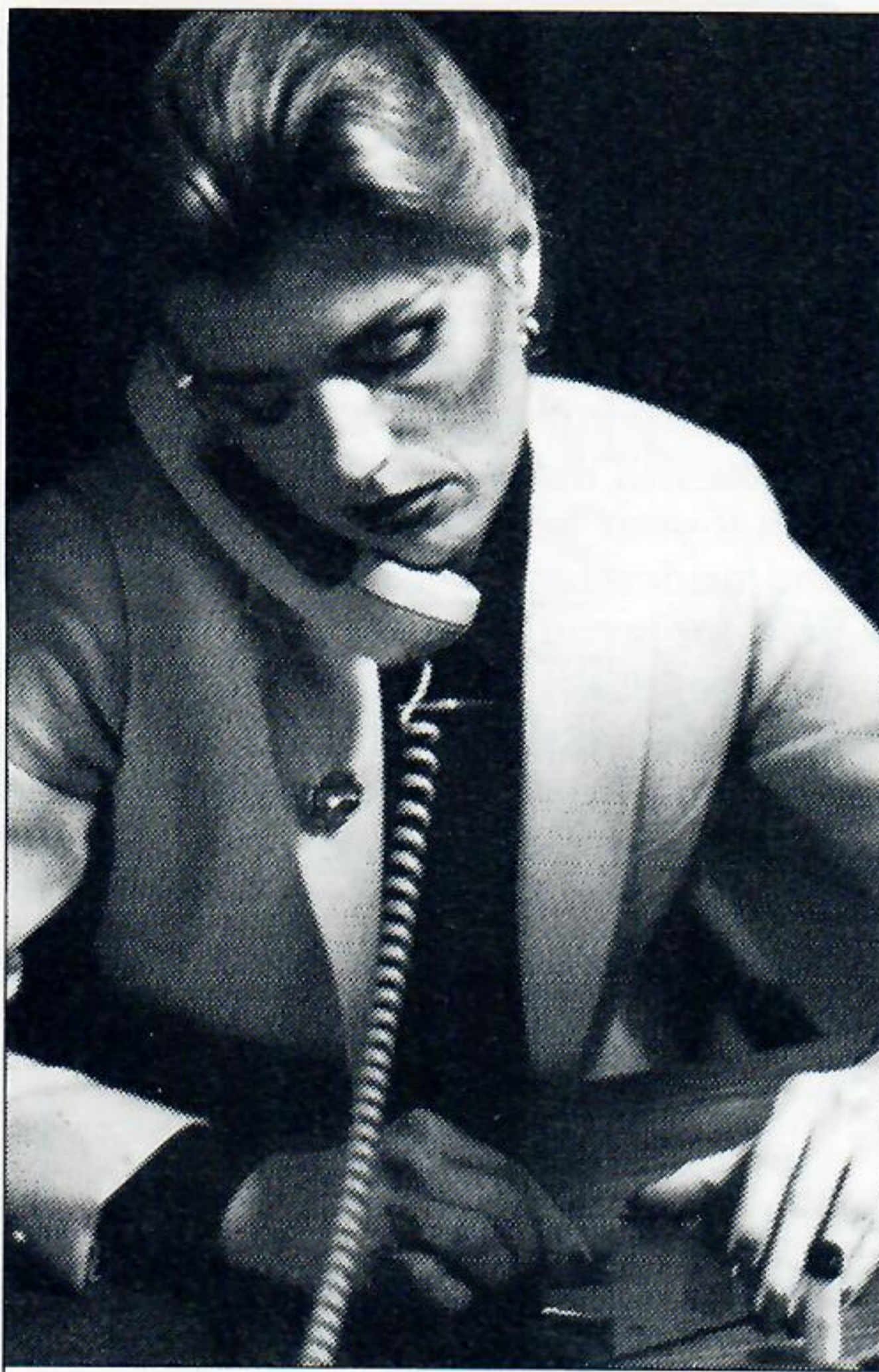
For further ideas, look at your colleagues' brochures. The AMA publishes a low-cost "how to" booklet on practice brochures. Additional references and information are available from your OAFP Public Relations Committee.

When you're finished, order an adequate number of brochures printed. You might find yourself putting them in your monthly billings, or sending them to prospective patients *before their visit.*

### PATIENT EDUCATION: NUTRITION

The Oregon Dairy Council offers their new "Not So Basic" Super Four Nutrition Program materials for patient education. Bright colorful posters featuring the four basic food groups are available for \$2; and you can get a Super Four Food Chart for a nickel. Samples are available from the Academy office, or you can order a supply from Nutrition Education Services, Oregon Dairy Council, 10505 S.W. Barbur Boulevard, Portland, OR 97219, or phone 229-5033.





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## OPINION

# OUR CONTRIBUTION TO THE MALPRACTICE CRISIS

by Peter A. Goodwin, M.D.

I shall discuss how I perceive that we contributed as physicians to the development of the malpractice crisis, and how lessons can be learned from its development that may help in its solution.

For years physicians were the most fortunate of professionals, highly rewarded by society for our skills. Our incomes soared, as did the cost of health care. There was a shortage of doctors, and patients put up with what they could get. Resentment developed, fed by doctors who were perceived to be arbitrary, occasionally arrogant, or lacking in compassion when compassion would have helped. Doctors sometimes made mistakes, occasionally grievous mistakes — mistakes that we were counseled *should never be confessed* to our patients.

Times changed. Doctors became more plentiful. Lawyers encouraged suits to redress "wrongs" and patients took the cues.

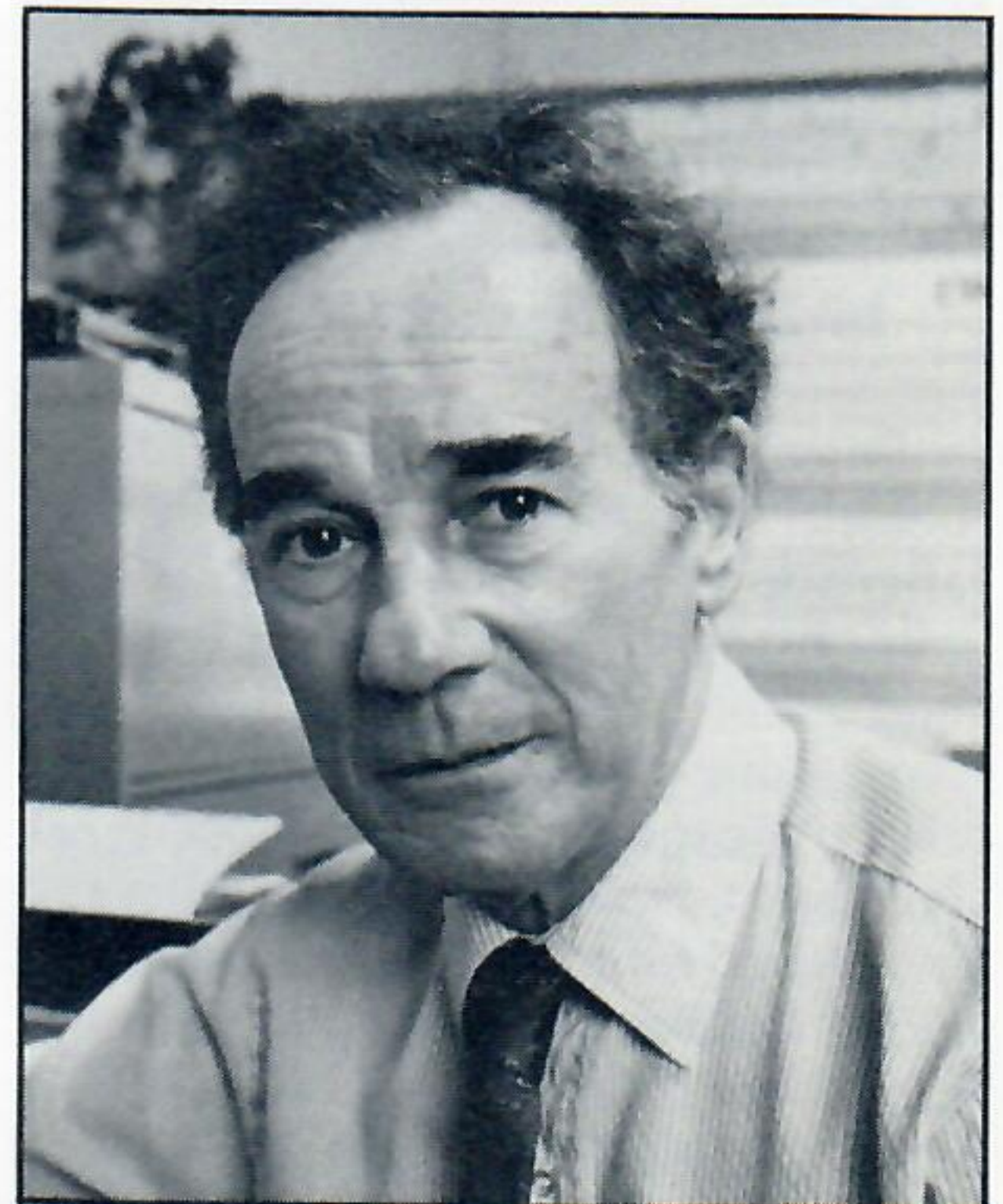
There is nothing amiss with redressing wrongs. The problem is that the present system is a poor way to do it. It is adversarial. It is slow, expensive, and terribly wearing on plaintiffs and defendants who have to confront each other. It is arbitrary — Some affected patients are appropriately compensated, some disproportionately, and some lose in the lottery that is our tort system.

There is an alternative. A decade ago I referred a patient for a complicated procedure to an excellent consultant, whose skill is unquestioned. A momentary lapse, almost a chance event, ended in disaster. The patient was severely and permanently disabled. Several months after the tragedy, the patient and her spouse consulted me. They had been told of the accident by my consultant and were at first accepting. When I saw them, the expense and extra effort required of the family to care for the patient were sapping their good will. I discussed

the matter with my consultant. He contacted his insurance carrier and a fair settlement was made after prolonged discussion with the patient, her family and all consultants involved.

This one case is the stimulus for my suggestion. Malpractice insurance is meant to compensate those who are damaged by the untoward result of medical care. It should be our responsibility as physicians to insure that outcome for our patients, not to obstruct it by concealing our inevitable errors. If, after the above-described revelation, discussion between doctor, patient and insurance carrier, and proposed settlement; the injured party still feels aggrieved and wishes to proceed within the tort system rather than the arbitration system, they could choose to do so. But there should be some penalty imposed for going outside the system — perhaps a limit on awards that would make the court action option less attractive.

We, not attorneys, should be advocates for our patients. We should be available to represent them at hearings before independent panels where realistic awards for actual damages are set.



Dr. Peter Goodwin



# OPPORTUNITIES SOUGHT & OFFERED—

**Robert Chiapuzio, MD** available for locum tenens. Contact Dr. Chiapuzio at PO Box 8224, Black Butte, OR 97759; or phone (503) 595-2128.

**Nick Giannone, MD** FP resident graduated Dec '86 seeks Portland practice opportunity, would consider Eugene or Salem. Contact Dr. Giannone at 3535 Gates Blvd #100, Port Arthur, TX 77642 or phone (409) 721-6131.

**Benjamin E. Kenagy, MD** available for locum tenens in OR. Contact Dr. Kenagy at 1636 Oakpatch, Eugene, OR 97402, or phone (503) 485-8596.

**ASTORIA.** Community of 10,000 with about 25 doctors in various specialties, drawing area of about 50,000. Astoria Clinic, a multi-specialty primary care group, seeks a residency trained family physician with OB. Modern 45-bed hospital with excellent ICU and OB unit, good radiology facilities including ultrasound and CT scanner. Contact Leigh C. Dolin, M.D., Astoria Clinic, 800 Exchange St, Astoria, OR 97103; or phone (503) 325-4111.

**ASTORIA** practice opportunity available for Board cert, residency trained FP. Private practice clinic space available with some shared services. CV to Patty House, Health Resources Services, Virginia Mason Hospital, PO Box 1930, Seattle, WA 98111; or phone (206) 223-6351.

**BAKER** seeks residency trained FP to join estab-

lished 3-doctor FP group. Contact Robert M. McKim, MD, Rt. 1 Box 2A, Baker, OR 97814; or phone (503) 523-4415.

**BEAVERTON** seeks FP with ER experience for unique practice opportunity in urgent care setting. Contact Eileen Newkirk, 11385 SW Scholls Fy Rd, Beaverton, OR 97005; or phone (503) 641-2791.

**BEND** experienced primary care physician needed to staff immediate care center. Excellent opportunity! ER or FP background preferred. Contact Bill Wagner, MD, 2500 NE Neff Rd, Bend, OR 97701; or phone (503) 382-4321, ext. 7100 (office) or (503) 389-1497 (res.)

**BOARDMAN.** Physician shortage area, NHSC eligible, want either NHSC or private practice option family physician. Contact Clifford Peck, Board Member, North Morrow Medical Center, 503-481-3743; or Board Chairman Donald Eppenbaugh, (503) 922-3047.

**BURNS** excellent opportunity to assume ongoing group family practice. Rural, with recreational advantages and flexible working environment. Send CV to Burns Clinic, PO Box 193, Burns, OR 97720; or call (503) 573-2074.

**BURNS** two Board certified residency trained FPs needed immediately for expanding family practice group in friendly ranching-lumbering town. Regional population 8,000.. Adjacent to 40-bed hospital. Partnership affi-

liation with 30-doctor multi-specialty clinic in neighboring city. Excellent hunting, fishing and camping. Salary to partnership with generous benefits. Send CV to R.H. Ettinger, MD, Bend Memorial Clinic, 1501 NE Medical Center Dr, Bend, OR 97701; or phone (503) 382-2811.

**COOS BAY** established multi-specialty group practice seeks additional Board certified residency trained FP w/OB. Contact Kent Sharman, MD, 1900 Woodland Drive, Coos Bay, OR 97420; or phone (in Oregon 1-800-452-5863) or (outside Oregon) (503) 267-5151.

**CORNELIUS** Virginia Garcia Memorial Clinic looking for FP to start July '87. Spanish-speaking. Contact Greg Mecklem, MD, 85 N. 12th, Cornelius, OR 97013; or phone (503) 648-2161.

**CORVALLIS** family physician seeks Board certified residency trained associate. Send CV to Norman W. Castillo, D.O., 1767 NW Kings Blvd, Corvallis, OR 97330 or phone (503) 757-8257.

**COTTAGE GROVE** seeks Board certified FP with OB. Contact James R. Morris, MD, 303 Main, Cottage Grove, OR 97424, or phone (503) 942-2401.

**EUGENE** seeks Board certified FP, no OB. Industrial area of Eugene, salary for 1 yr, opportunity for partnership. Contact Mylon Buck, MD or Ed Sargent, MD, 1110 Fairfield, Eugene, OR 97402; or phone (503) 689-6400.

**EUGENE** seeks Board certified/eligible FP with interest in OB & ER to join long active 8-person department in forward looking group with its own HMO. Contact Larry Hirons, MD, Eugene Clinic, 1162 Willamette, Eugene, OR 97401; or phone (503) 687-6202.

**EUGENE** Well established 8 physician family practice group is seeking BC/BE family physician with interest in OB. Anticipate partnership after 1 year. CV to Robert Daugherty, M.D., or Kendall Hills, M.D., River Road Medical Group, 2400 River Rd, Eugene, OR 97404; or call (503) 688-7527.

**FLORENCE** Central Oregon coast, FP group seeks primary care physician. Excellent opportunity in busy 30-year-old diverse practice in progressive, growing community. New hospital to open in 20 mos. Prime recreation area, easy (60 min) access to Eugene area. First year salary + production income with partnership potential. Contact A.J. Brauer, M.D., Florence Clinic, PC; PO Box 490, Florence, OR 97439; or phone (503) 997-8424.

**FLORENCE** Thriving coastal town, new hospital on the way. Progressive small group seeks BC/BE family practitioner with OB to join us. Please contact James Scott, M.D., Box 6000, Florence, OR 97439; or phone (503) 997-7134.

**FOREST GROVE** Marilyn Booth, MD seeks residency trained FP to join



practice 30 minutes from downtown Portland. Some OB. Write Dr. Booth at 3201 19th Av #F, Forest Grove, OR 97116 or phone (503) 357-7194.

HEPPNER seeking residency trained FP for private practice incl. OB, potential for development of surgery. Support available. Contact John Ochsner, Adm., Pioneer Memorial Hosp, PO Box 9, Heppner, OR 97836; or phone (503) 676-9133.

INDEPENDENCE established Board cert. FP seeks associate partner in new 4000 sq ft facility w/ complete lab, X-ray and emergency services. Good opportunity for 2 finishing residents who wish to practice together. Contact Richard Brust, MD, 1430 Monmouth St, Independence, OR 97351; or phone (503) 838-3553 or 838-1375 (res.)

JOHN DAY excellent private practice opportunity in beautiful rural area. Free rent available for 1 year in well maintained clinic building on hospital grounds. Other attractive benefits offered. Must deliver babies. Send CV or contact Donna Krause, Administrator, 170 Ford Rd, John Day, OR 97845; or phone collect (503) 575-1311; or Joseph Gifford, MD, Chief of Staff, Prairie City, OR 97869; or phone (503) 820-3347.

KEIZER Board certified FP wanted full time, must do OB. Contact Chris Edwardson, M.D., 641 SE Miller, Dallas, OR 97228; or phone (503) 623-2345.

LaGRANDE well established practice for sale, including office equipment, 30,000 people in drawing area, close to 82-bed hospital. College town, skiing, fishing and

hunting. Terms negotiable to Board cert. FP who wants to do OB. Contact Donald Rose, MD, 710 Sunset Dr, LaGrande, OR 97850; or phone Dr. Rose at (503) 963-4139.

LAKEVIEW well established solo FP seeks young, Board cert. FP to join practice. Excellent opportunity in beautiful SE Oregon for all areas of family practice. Contact William J. Strieby, MD, 733 1st St, N., Lakeview, OR 97630; or phone (503) 947-2331 or 947-2410 (res.)

LEBANON well established FP seeks Board cert. associate, some OB. Contact Dennis Wessels, MD, 165 Main, Lebanon, OR 97355; or phone (503) 451-1311.

LEBANON seeks residency trained family physician to join 2 young FPs in complete spectrum of family practice, including OB. Contact Richard C. Wopat, MD, 191 Main, Lebanon, OR 97355; or phone (503) 451-1031.

MILWAUKIE area 2-doctor clinic seeks residency trained FP to join 30-year-old practice. Contact James E. Davis, MD, 7000 SE Thiessen Rd, Milwaukie, OR 97267; or phone (503) 659-1366.

MEDFORD BC/BE family practice position with long-standing 22-physician multi-specialty group practice. Salaried position, regular hours, no call. Office based walk-in urgent care setting. Flexible situation. Beautiful area, equidistant to Portland and San Francisco. Dry climate, excellent local cultural amenities. Please contact Sandra Helms, Personnel Director, Medford Clinic, PC, 1025 E. Main, Medford, OR 97504, or phone (503) 776-8495.

MYRTLE POINT, 3 FPs seek associate to replace senior member in family and OB-oriented practice. Acute 30-bed hospital 10 minutes away, call sharing among 4 other physicians. Contact Reed Gurney, MD, 637 Ash, Myrtle Point, OR 97458 or phone (503) 572-2111.

NEWPORT clinic seeks residency trained FP to join practice. Send CV to Peter Cookson, MD, 351 SW 7th, Newport, OR 97365 or phone (503) 365-9436.

NEWPORT. Medical practice for sale. Family practice of D.A. Forinash, M.D., who died August 1 offered for sale by estate. Includes purchase or rental of 3,000 sq. ft. office building, supplies and equipment. Phone Mindy Baxter, (503) 265-8881 weekdays or 265-7538 evenings/weekends.

PORTLAND two Board-certified family physicians looking for a third Board Cert/Board eligible family physician to join them in summer of 1987. Both physicians are involved in general family practice except no OB or in-hospital surgery. Both will ideally work part-time and a third ideally would be available to work half-time to 2/3rd time. Contact Karen Erde, MD or Kathleen McAuliffe, MD at (503) 257-7773.

PORTLAND (west) Qualified physicians for moderate volume "urgency-type" setting. Excellent remuneration, approx 30 hours per week, some evening and weekend work. Contact Western Oregon Emergency Physicians, PC, 9205 SW Barnes Rd, Portland, OR 97225; or phone (503) 291-2041.

PORTLAND Indian Health Clinic seeks BC

family physician for Monday through Friday, 8:00 to 5:00. Contract on hourly basis or negotiable salary. No weekends, evenings or call. Interested parties may call Mr. Lowell McGraw, (503) 236-5809; or write 8532 SE 17th Av, Portland, OR 97202.

PORTLAND positions available for FPs in small, full-service group practices affiliated with HealthLink system. Competitive compensation and benefits package. Require Board cert./Board eligible. Send resume to Margaret Hoopes, HealthLink, 5230 SW Macadam Av, Portland, OR 97201

PRINEVILLE Busy rural practice with OB seeks BC Family Physician to join established group. Contact Harry Rinehart, M.D., 1251 N. Elm, Prineville, OR 97754; or phone (503) 447-1680.

REDMOND sunny Central Oregon. Residency trained FP needed to join 9-year-old practice with lab and x-ray, OB included. Contact Robert Guild, MD, 1228 N Canal, Redmond, OR 97756; or phone (503) 548-6131.

REDMOND looking for residency trained FP to join five physician group with OB. Contact Michael Price, MD, 211 NW Larch, Redmond, OR 97756 or phone (503) 548-2164.

REDMOND residency trained FP or EM physician needed to work 12-24 hour shifts in small rural hospital. Contact Michael Price, MD, 211 NW Larch, Redmond, OR 97756 or phone (503) 548-2164.

ROSEBURG Pain Center Co-Medical Director wanted. Excellent position for MD seeking more intensive medical involve



ment with fewer patients. Join current medical director and proven treatment team in moderate expansion plans. Team includes PT, PAIN THERAPIST, RN, psychologist, exercise therapist, vocational counselor, biofeedback clinician and drug and alcohol counselors. Position involves medical supervision of a group of patients. Good communication skills essential. Could start full or part time. Call Hank Holmes, MD, (503) 440-2437 or 849-2229 (res.) or Ann McKinney, Director (503) 440-2437 or 673-0957 (res).

SALEM multi-specialty clinic seeks residency trained FP to join department of five FPs, no OB. Contact Yvonne Carscadden, Administrator, 2020 Capitol St, NE, Salem, OR 97303; or phone (503) 399-2470.

SCAPPOOSE family physician seeks associate to join practice 25 minutes from Portland, no OB. Contact Jeffrey Hayes, M.D., P.O. Box 979, Scappoose, OR 97056; or phone (503) 543-3181.

SWEET HOME busy practitioner seeks associate. Position available immediately. Sweet Home is located near Bend on the west side of the Cascade mountains. Population 7,000. Contact Bruce E. Matthews, MD, 625 Long St., Sweet Home, OR 97386; or phone (503) 367-5158; or contact Linda Lucero, Office Manager, same address.

TIGARD group wants residency trained FP to join FP group July, 1988. Needs OB. Contact R. Martin Johnson, MD, (503) 684-0475, or write 13200 SW Pacific Hwy, Tigard, OR 97223.

KENNEWICK, WA excellent practice opportunity available for two American trained Board eligible or Board certified FPs. Beautiful growing community in the Tri-Cities area of south central Washington. New hospital-owned and operated urgent care clinic will provide excellent salary/benefits. CV to Patty House, Health Resource Services Group, Virginia Mason Medical Center, 925 Seneca, PO Box 1930, Seattle, WA 98111 or phone (206) 223-6351.

WINSTON practice opportunity for 2 FPs in community of 3,500. Referral area nearly 10,000 with only one other physician in area. Full equipped office. Two outstanding hospitals of 125 beds each and privileges available in all qualified area, including C-section and ICU. Excellent family environment, good schools, great fishing, hunting and hiking nearby. For details contact Imalee VanDerMark, PO Drawer 670, Winston, OR 97496; or phone (503) 679-5833.

#### OFFICE EQUIPMENT

Richard Bernard, MD, has joined Dr. Doug Graham and has surplus medical, surgical and orthopedic instruments and equipment for sale. Contact Dr. Bernard at 3800 SW Cedar Hills Blvd, Beaverton, OR 97005; or phone (503) 643-9502.

E. Lew Hurd, MD has some office equipment and Hamilton exam table and pediatric table, misc. small equipment. Write E. Lew Hurd, MD, 828 Calapooia Av, Albany, OR 97321; or phone (503) 926-3031.

John P. Russell, MD is retiring and has exam room and office equipment for sale, including x-ray and surgical instruments. Contact Dr. Russell at 710 NW Midland, Grants Pass, OR 97526 or phone (503) 476-3617.

OPPORTUNITIES available for BE/BC family practitioners through PROSEARCH, a Portland based physician placement service. We offer quality of life, financial benefits and excellent practice potential. Send CVs to Cynthia Lacro or Jean Erickson, 305 NE

102nd Avenue, Portland, OR 97220, or call (503) 256-2070. PROSEARCH is a division of Brim & Associates, Inc.

HAVE YOU BEEN CONSIDERING THE SALE OF YOUR PRACTICE OR RETIREMENT WITHIN THREE TO FIVE YEARS? If so, give us a call, we can show you how to sell your medical practice yet continue to practice on a reduced basis. Call Paul Boyle at Futuremed (503) 256-2070 or (503) 641-2317 in the evening. All discussions will be treated confidentially.



## AAFP Announces...

# Change in Active Membership Requirements



**Family Physicians**  
joining together

The AAFP Congress of Delegates has approved amending requirements for Active membership... AAFP Bylaws now state "Physicians first admitted to active membership after December 31, 1988, must have satisfactorily completed a three-year family practice residency program approved by the Accreditation Council on Graduate Medical Education."

#### Current Active Members:

This announcement is to reassure you that your membership will not be affected by this change.

#### Non Members or Affiliate Members:

If interested in becoming an Active member, you're encouraged to take immediate action. Remember... December 31, 1988 is the deadline.

Questions??

Call AAFP Membership Division  
1-800-821-2512



# OAFP BOARD MEETS IN ASHLAND

The OAFP Board of Directors met in Ashland on August 8, and approved the fiscal year end financial statement and 1987-88 operating budget for the Academy, which is presented to the membership in this issue of *Oregon Family Physician*.

OREGON ACADEMY OF FAMILY PHYSICIANS BUDGET 1987-1988 ACADEMY YEAR					
#	ACCOUNT	BUDGETED 1986-87	ACTUAL 1986-87	%	BUDGETED 1987-1988
101	Dues	\$52,000	\$49,747.50	97	\$50,000
103	Income from Investments	5,000	3,676.60	76	4,200
105	Misc. Income	450	611.65	135	600
106	Scientific Assembly	9,000	15,315.04	122	10,000
108	Publications				1,200
		<u>\$66,450</u>	<u>\$69,350.79</u>	104	<u>\$66,000</u>
300	Misc. Committee Expense	\$ 150	\$ 144.43	96	\$ 150
302	Board & Executive Committee	2,500	3,042.74	122	2,500
305	Education Committee	500	498.90	100	500
306	Health Care Services	300	2.15		300
308	Family Practice Group				
317	Lederle Symposium				
320	Membership & Credentials Committee	600	682.44	114	750
338	Publications	1,500	842.18	56	see 108 above
339	Mental Health Committee	1,500	207.25	14	300
341	Public Policy Committee	750	1,520.24*	203	350
344	Public Relations	1,700	3,147.14	131	2,000
345	Residents & Students	1,700	1,676.98	99	1,500
346	Research Committee	750	124.62	17	400
347	Bylaws	125			125
348	Committee for Advancement of Family Medicine	4,965	2,217.53	45	2,747
351	Congress of Delegates	1,000	845.57	85	1,000
400	Misc. Member Services	1,500	1,363.26	91	1,500
402	Special Purchases	500	31.45	6	1,450
403	President's Expenses	3,000	1,833.63	61	3,000
404	Roster	500			see 108 above
500	General Office Expense	2,300	6,259.35**	272	2,300
500-A	Insurance Policy Premiums				4,650
501	General Office Supply	800	973.65	122	800
502	Equipment Maintenance	600	856.00	143	200
503	Health Insurance	1,000	998.04	100	1,000
503A	Disability Insurance	1,105			1,105
504	Mult. Co. Pers. Ppty Tax	225	290.11	129	300
505	State Tax W/H				
505A	Tri-Met Excise Tax	175	161.57	92	175
506	OAFP Share FICA	1,760	1,925.17	109	2,000
507	Federal Tax Withholding & Employee Share FICA				
508	Employers Tax	400	371.92	93	400
509	Rent	3,370	3,369.72	100	3,125
509A	Utilities	350	315.23	90	80
512A	Retirement-Administrative	100	60.00	60	100
512P	Retirement-Pension				1,800
515	Salary	26,250	26,802.00***	102	26,250
516	Outside Help	2,000	875.78	44	1,000
517	Answering Service	700	685.00	98	
518	Telephone	2,100	2,067.14	98	2,400
520	Workers' Comp	400	295.76	77	400
530	Accountant's Fees	450	345.00	77	400
600	Staff Travel & Misc. Expenses	2,500	2,710.41	108	2,500
602	AAFP Delegates	4,000	3,298.58	82	4,000
605	Exec's Workshop	700	30.00	4	700
608	SOC	1,200	840.32	70	1,200
700	Special (Campaign Reserve)	550	504.00	92	530
	TOTAL	<u>\$76,575</u>	<u>\$72,215.26</u>	94	<u>\$75,987</u>
	Deficit or Surplus	(10,125)	(2,864.47)		(9,987)

\* included \$1,000 CIELS contribution

\*\* included \$4,385 payment on Officers & Directors Liability Insurance

\*\*\* included "bonus" of \$552, 1/2 of disability insurance premium (coverage not written).



## CME, OCTOBER, NOVEMBER, DECEMBER

(5 hours and over, submitted to date. P = Prescribed; E = Elective)

### OUT OF OREGON

GAFP course on Pediatrics, begins October 19, 30 P (contact GAFP to register) GAFP course on Emergency Care begins October 5, 40 P (contact GAFP to register)

These are home study courses.

October 16-18, San Diego, Office Orthopedics for the Primary Care Physician

October 26-28, Clinical Reviews, Mayo Clinic, Rochester, 23 hours P

October 24-25, Update in Cardiovascular Diseases, Mayo Clinic, Rochester, 10 hours P

November 6-7, Soft Tissue Surgery Workshop, Santa Rosa, 14 hours P

November 7, Special Considera-

tions in the Management of the Geriatric Patient, Seattle, 4 hours P

November 8, ENT for Primary Care Physicians, Mayo Clinic, Rochester, 5 hours P

November 8, The Prevention of Preterm Delivery, Mayo Clinic, Rochester, 6 hours P

### IN OREGON

October 1-2, New Directions In Rehabilitation, Emanuel Rehab Center, at Salishan, 10 hours P

October 2, Southern Oregon Quarterly Review of Medicine, Rogue Valley, Medford, 6½ hours P

October 3-5, ACLS course, Salem Hospital, 14½ hours P

October 7-9, Critical Care Medicine Review Course, OHSU, Red Lion/Portland Center, 21.75 hours P

October 10-11, ACLS course,

OHSU, Portland, 17.5 hours P

October 13, Fifteenth Annual Lung Day: Seminar on Respiratory Infections, Sacred Heart, Eugene, 6 hours P

October 22-23, Fetal Monitoring: Promotion of Excellence in the Birth Process, Portland Adventist Hospital, 6 hours P

October 22-23, Eleventh Annual Pacific Northwest Review of Ob-GYN, OHSU, Red Lion/Jantzen Beach, 14½ hours P

October 24, The Fetus at Risk, OHSU, Red Lion/Jantzen, 7 hours P

October 30, Endocrinology, OHSU, Red Lion/Jantzen, 7¼ hours P

November 5-6, Symposium on Critical Care Medicine, OHSU, Red Lion/Jantzen, 11¼ hours P

## "DISEASES OF THE MONTH"

OCTOBER IS FAMILY HEALTH MONTH!! Watch for articles in your local news. Be prepared to offer your services as a speaker. Make opportunities to bring family practice to the fore!

October is also National Spina Bifida Month, SIDS Awareness Month, National Lupus Awareness Month, National Diabetes Research Month, National Family Sexuality Education Month. October 4-10 is National Running and Fitness Week and National Fire Prevention

Week, as well as National Employ the Handicapped Week. October 5 is Child Health Day, October 11-17 is National School Lunch Week; October 16 is World Food Day and October 18-24 is National Infection Control Week.

NOVEMBER is National Epilepsy Month and National Diabetes Month. The Great American Smokeout is November 19.

DECEMBER 1-7 is National Epidermolysis Bullosa Awareness Week.

## DECEASED MEMBERS

Dr. Donald A. Forinash, 58, died on August 1. He had practiced in Newport for 33 years and was a member of the OAFP since 1973.

William J. Eubanks, D.O., of Portland, died in late August. He was 60, and had been a member of the Academy since 1978.

## NOMINATIONS TO AAFP COMMITTEES & COMMISSIONS

The OAFP Past Presidents Committee annually makes nominations from among OAFP members to the American Academy for AAFP Committees and Commissions. They are the Commission on Continuing Medical Education, Health Care Services Commission, Commission on Hospitals, Commission on Legislation & Governmental Affairs, Membership and Member Services and the Commis-

sion on Public Health and Scientific Affairs. The AAFP has Committees on Aging, Bylaws, Chapter Affairs, Drugs and Devices, Health Education, Mead Johnson Awards Committee, Medical Ethics, Insurance and Financial Services Committee, Mental Health Committee, Minority Health Affairs, Parke-Davis Teacher Development Awards Committee, Professional Liability, Public Relations & Marketing, Pub-

lications, Research, Resident & Student Affairs, Scientific Program, Women in Family Medicine and Young Physicians. *Any* member of the AAFP may be nominated to serve on any of these committees. If you'd like to be nominated, send a CV to Mary at the Academy office, 1700 S.W. Columbia, Portland, OR 97201.



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