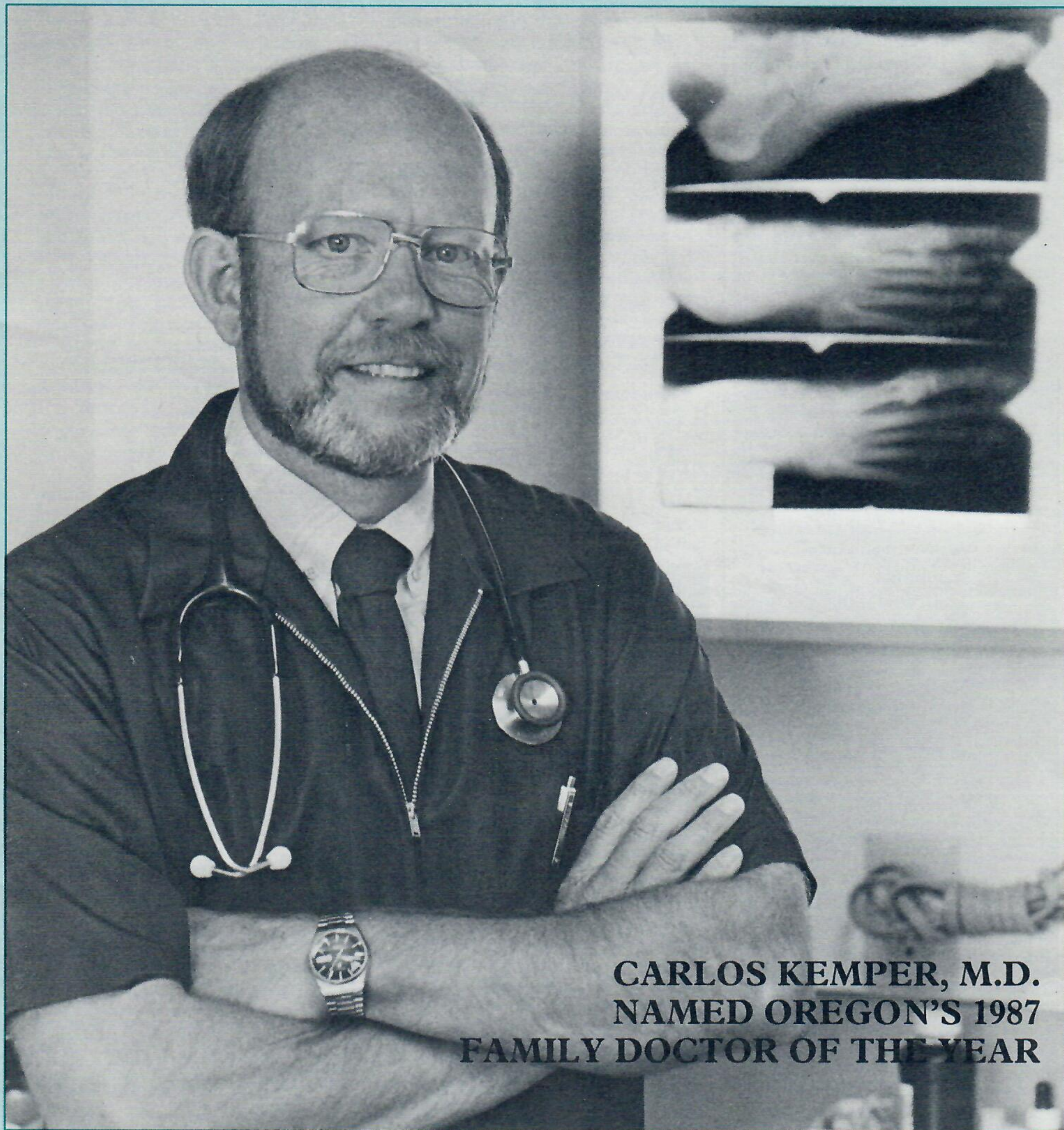


Oregon

FAMILY PHYSICIAN

OREGON ACADEMY OF FAMILY PHYSICIANS

SUMMER 1987



**CARLOS KEMPER, M.D.
NAMED OREGON'S 1987
FAMILY DOCTOR OF THE YEAR**

MESSAGE FROM MARY

by **Mary Lundy**,
Executive Director

I have just returned from Seaside XI. This is a health educators' conference put on annually for the last eleven years by the State Department of Education. I went as "captain" of the team from the Oregon School Health Education Coalition (OrSHEC), a group of health care organizations.

I was distressed to learn that family doctors don't seem to be considered a resource by health educators. While I know that many of you are a resource, particularly in smaller communities, I heard over and over that "the medical community doesn't seem to be much interested in . . . nutrition, eating disorders, fitness, wellness, whatever. At every opportunity I made sure that these educators knew that family physicians can be, will be and are a resource to school districts. I invited any and all to call the Academy and let me help them find speakers for various health education functions. We had a booth at the exhibit hall on the first day of the meeting, manned by **Wally Shaffer**, **Hugh Stelson** and **Sally Marie**, of Seaside; and **David Cornwall** of Cannon Beach. It was a big success and a lot of the people who stopped expressed a real interest in the AAFP's Body Band Workout videotape. Our coastal doctors gave away a lot of the monographs that the Academy provides, and a lot of the bright little "What is a Family Doctor" leaflets. I think it's good exposure to an important audience.

Another thing that troubled me and others was the seeming lack of control over content. There were some very flaky nutritional presentations: "High Level Recovery through Holistic Nutrition", which was roundly challenged by the nutritionists present; and nutrition fad-of-the-month presentations, e.g., the Fit for Life Diet that demands nothing but fruit before noon, then eating each nutritional component separately. Never, never mix a carbohydrate with a protein. In fact, don't eat protein at all, it'll kill you! The book on the latter was for sale to people who are teaching kids

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Oregon FAMILY PHYSICIAN

OREGON ACADEMY OF FAMILY PHYSICIANS

SPRING 1987

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CARLOS KEMPER, M.D., OREGON FAMILY DOCTOR OF THE YEAR — 1987

At the All member and Spouse Luncheon on May 9, CARLOS KEMPER, M.D., Madras, was announced as the OAFP Family Doctor of the year for 1987.

"Gee, Dad, I didn't know you were that wonderful!" was the exclamation of Carlos' son, after the recitation by Peter Schludermann of the accomplishments that garnered the honor for Dr. Kemper.

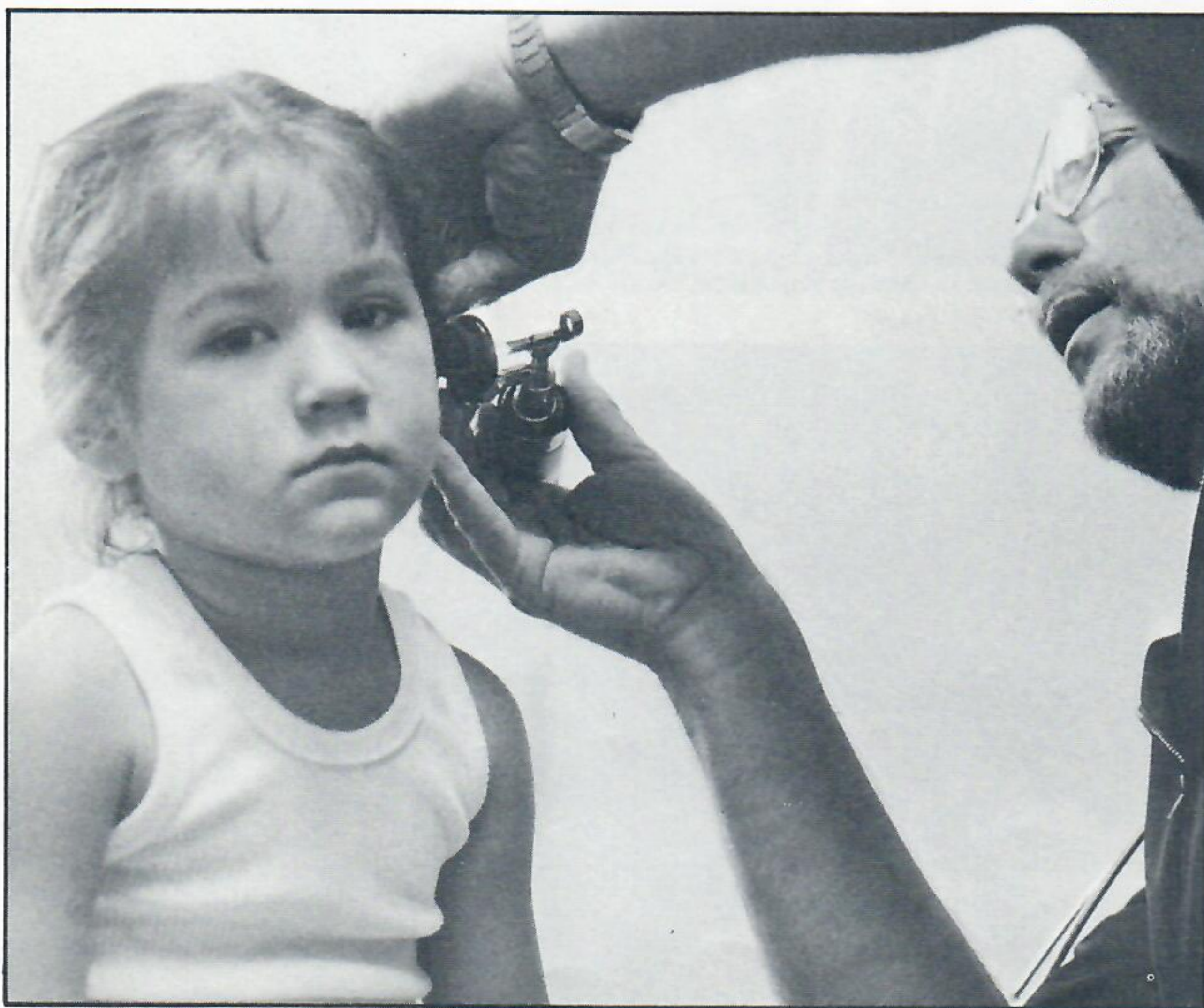
He has been Director of the Madras United Methodist Church choir, President of the Jefferson County Little League, President of the Jefferson County Chamber of Commerce, Vice Speaker of the OMA House of Delegates, Past President of the Central Oregon Medical Society, among many other medical and community contributions.

Citing his organization of a parent group called the Buff Boosters, the Superintendent of the Jefferson County School District, said "Involvement takes on new meaning when applied to Dr. Kemper's role in the community . . . The family physician mentality accompanies him in the

involvement with schools and community." Jefferson County Judge Herschel Read wrote, "Dr. Carlos Kemper has contributed greatly to the development of our community by his creative ideas and enthusiastic participation . . . He has served with dedication on committees for the county to assist with the development of . . . programs such as alcohol and drug education and youth projects." Many other letters supported his choice as the exemplary family physician for the year. His wife and two of his children were present at the announcement, where he received a plaque to commemorate the honor. His name, accompanied by the sheaf of letters extolling his community involvement and compassion as a family physician, will be submitted to the AAFP as a candidate for American Family Doctor of the Year.



*Dr. Kemper examines
a young patient.*



OFFICERS ELECTED IN ASHLAND

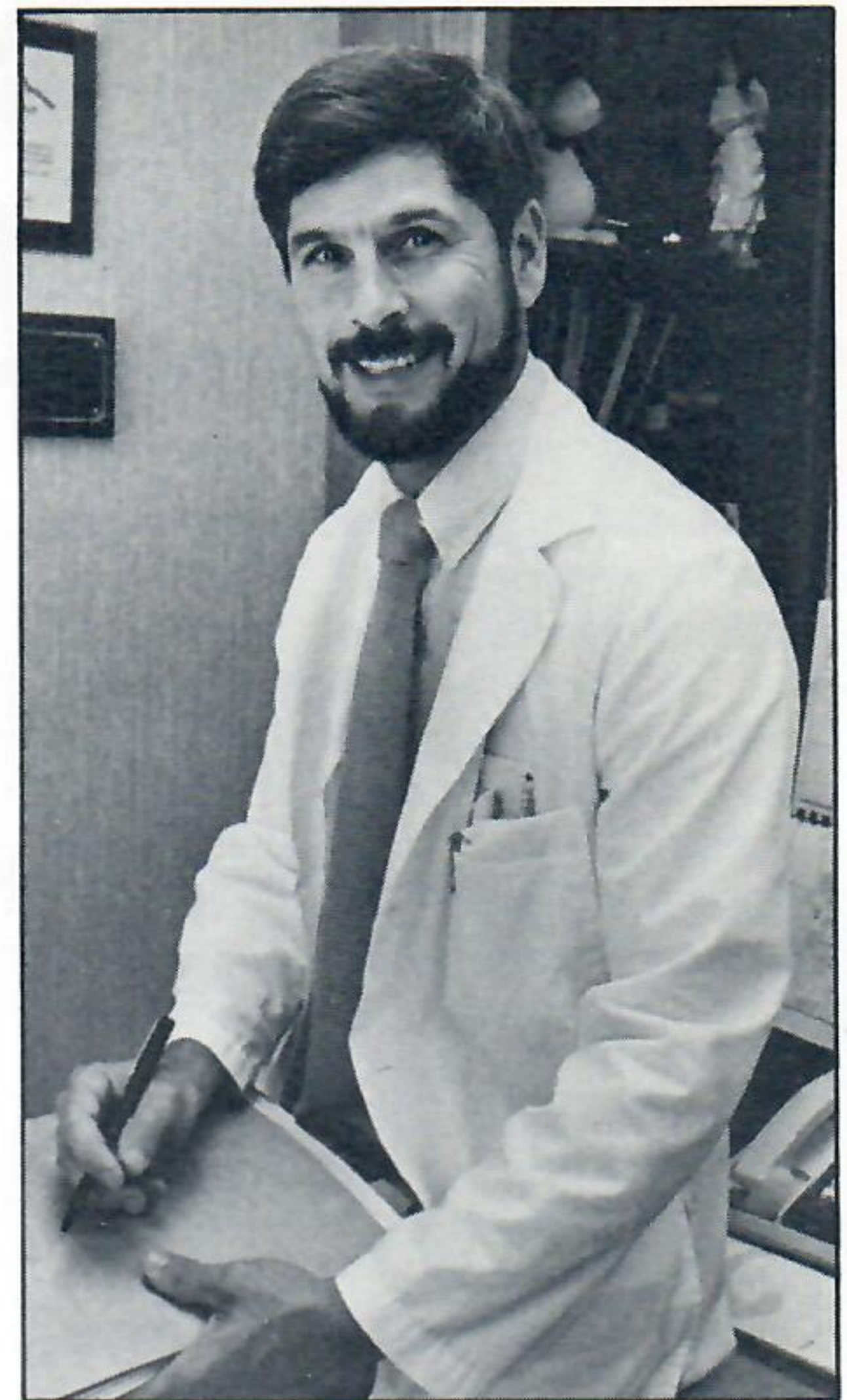


Richard C. Wopat, M.D.

At the All Member and Spouse Luncheon/Annual Meeting on May 9 in Ashland, the following members were declared elected to office in the Academy for the 1987-1988 Academy year.

INSTALLED

- OAFP President
Patricia Park Ahlen, M.D.,
Springfield
- AAFP Delegate
Daniel D. Roberts, M.D.,
Central Point
- AAFP Alternate Delegate
Thomas M. Turek, M.D., Grants
Pass
- Continuing on the Board
of Directors
June Byers, M.D., Medford
Walter R. Buhl, M.D.,
Milwaukie
Walter E. Shaffer, M.D.,
Seaside
William W. Weare, M.D., Burns



Michael W. Kelber, M.D.

ELECTED FOR 1987-1988

- President-Elect
Michael W. Kelber, M.D., Salem
- Vice President
Richard C. Wopat, M.D., Lebanon
- Secretary
Michael A. Krall, M.D., Salem
- AAFP Delegate
Joan K. Tanner, M.D., Portland
- AAFP Alternate Delegate
Robert M. Cockburn, M.D.,
Portland
- Director
Janet Kelly, M.D., Scappoose
- Director
Paul Sanders, M.D., Hood River



Peter Goodwin, M.D. installs Pat Ahlen, M.D. as OAFP President.

Oregon Doctor of the Year, Carlos Kemper, M.D., celebrates with his family.



PRESIDENT'S LETTER

by Patricia Park Ahlen, M.D.

The Hospital Medical Staff Section of the Oregon Medical Association met at Salishan April 24, 1987. I had gone to the half-day meeting on quality assurance expecting to be irritated by discussions of nit-picking regulations. I found much of the information to be interesting, informative and quite practical. Fifty-three percent of Oregon hospitals had no physician-representatives at the meeting.

Dr. Jesse, the JCAH Vice President of Education (a very nice young pediatrician) let us know that the upcoming JCAH evaluation emphasis will be on outcome rather than on process (standard operating procedures). Apparently, medical staff physicians will be more than peripherally involved with the next JCAH evaluations. He said initial risk management/quality assurance protocols will be in anesthesia and obstetrics. August is the time they've set for

completion and approval of the protocols. Someone belonging to the OMA at each of your hospitals should consider asking Bonnie Rosenfeld at the OMA for the proposed standards if you don't already have them (226-1555).

William Robertson, M.D. is the Medical Director of the Washington State Medical Association's Risk Management Program. He looks like a good candidate for a speaker at one of our OAFP meetings.

He reviewed the 1981 study of a general medical hospital service: 36% of the patients had some kind of iatrogenic injuries; 2% died of the injury; 9% had a serious prolongation of stay. One percent of hospital discharges result in suits; one third of these in payments. The percentage of suits is likely to rise. The cause of rising professional liability rates is multifactorial. His point was to get on the ball and do something to work on



Patricia Park Ahlen, M.D.

the one area that we are sure to be able to impact —**quality**.

There is a risk, he says, for each service. Unnecessary services produce risk without apparent benefit (seems simple enough). Much of what Dr. Robertson stated has been published in several of his articles, e.g., hospitals must notify medical staffs of pending claims *as they occur*. The Board of Trustees of the hospital must know what's going on.

Poor handwriting is **not** funny. On the average, 55 people see the patient in the hospital; 18 people read the chart every day. One physician was required to dictate **all** chart entries. Consider studying how many calls your hospital pharmacy must make for clarification of orders.

Risk management units (protocols) are listed in Dr. Robertson's articles. Many are applicable to your office. One concerns how you can study if phone calls are properly documented, whether they are ER, after hours, or office. Another protocol studies documentation of transfer of records, another is a big land mine — documentation of outside lab reports.

Copies of these protocols can be obtained from Dr. Robertson in Washington. The last OMA Newsletter said we could get additional information on the review units from Paul Frisch, J.D. at the OMA (5210 S.W. Corbett, Portland, OR 97201, or call 226-1555). After listening to Dr. Robertson's talk and reading his papers, I strongly suggest sending for the units.



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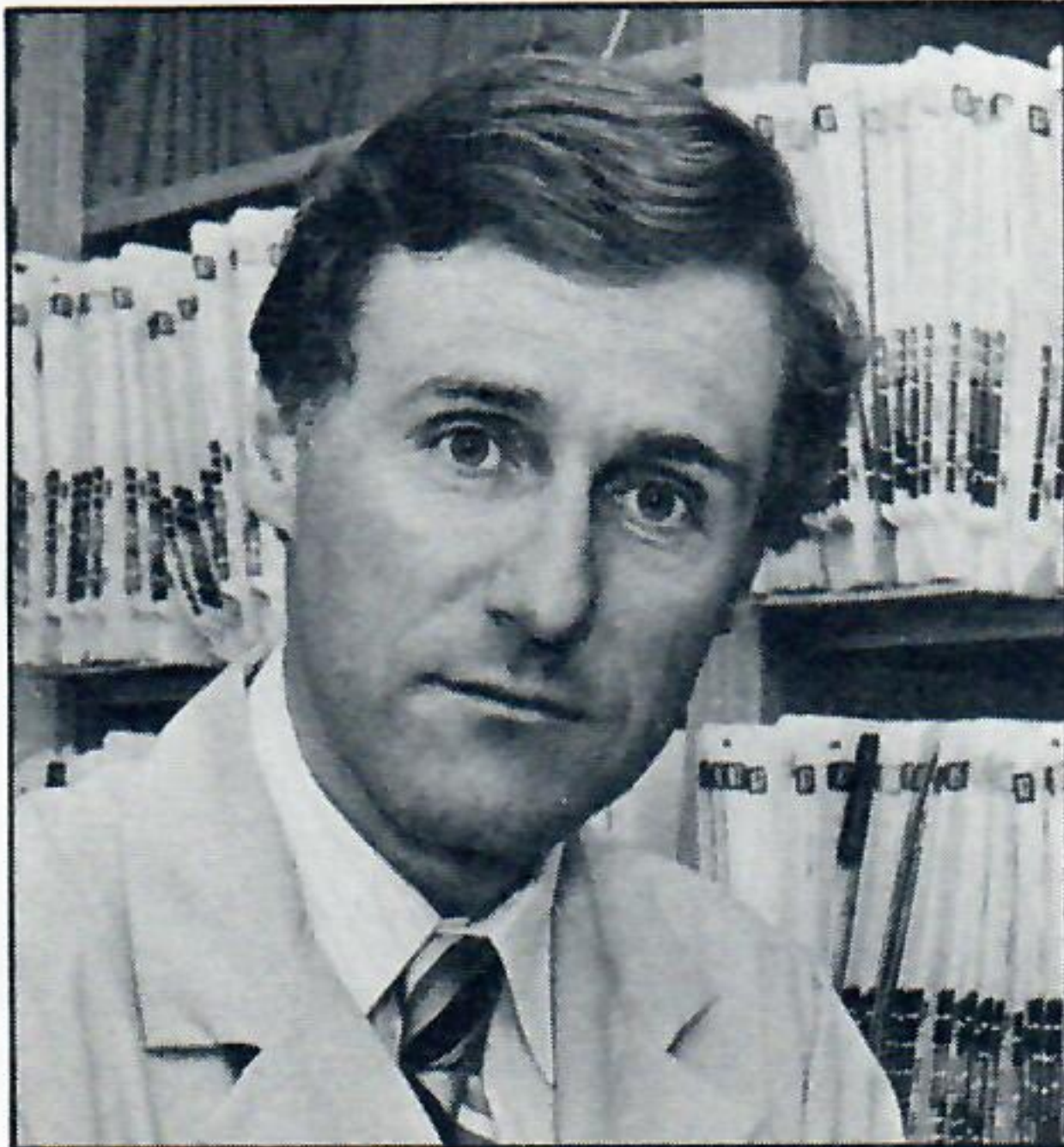
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AVOIDING THE WAITING ROOM BLUES



by Peter Schludermann, M.D.

From now on it's the "reception area". Let's forever ban the term "waiting room" from our tongues. Your patients spend more time there than with you. So give 'em a break. Make it a pleasant experience, not B-O-R-I-N-G.

1. Physical plant: Provide a nicely decorated, clean, well-lit space with ample room and comfortable seating. The handicapped should have easy access. Don't forget a handy bathroom. Keep a separate children's play area.

2. Reading material: How about a daily newspaper? Magazines should represent varied interests and be current.

Why not subscribe to those which refuse any cigarette advertising? This demonstrates your concern for health by refusing to promote tobacco. Choose *Reader's Digest*, *Good Housekeeping*, *Consumers Reports*, *Parents Magazine*, *Runner's World*, *Ranger Rick's*, *Seventeen*, *Sesame Street*, *Audubon*, *Modern Maturity*, or *National Geographic*, among others.

3. Nice touches: Provide a telephone for local calls. How about a coffee pot (decaf?) or hot water for tea? (Keep them out of reach of toddlers!) Humor is in. Keep a bulletin board with some of the funnier cartoons from the throw-aways and **change it every month or two**. Provide safe, durable toys in a children's play area; toy chests are fun to rummage through. How about a small TV or video game with earphones? Set up an adult game table with brain teasers or a picture puzzle. Plants, fish tanks and tropical birds are interesting. *Soft* music is soothing. Keep a strict non-smoking policy.

4. Receptionist help: Your receptionist can make or break an office visit. Don't hire one at minimum wage with the personality of a pomegranate and expect good results. Let her know that the reception area is her responsibility. She is the stewardess of your ship, making sure that all

your clients are comfortable, besides getting them to fill out the forms and pay the bills, plus the other front office jobs such as typing, answering the phones, etc. It's a tough job. Select carefully, train thoroughly and pay well.

5. Tell the score: I can't stand being told, "It'll be just a few more minutes" when it turns out to be 45. I feel tricked. If you're behind, make sure your patients know how long they'll have to wait. Similarly, be open about your fees. Print a fee schedule where it is clearly visible and let your clients know you'll be happy to discuss the bill.

6. Promote yourself: If you think you provide better care and service at lower cost than a walk-in clinic or large multi-specialty group, write a tasteful statement of explanation and put it on the wall in your waiting room. If you are open evenings or weekends, provide 24-hour call, or sponsor "loss leaders" (free BP checks, fall influenza vaccine clinics at reduced rates, etc.), publicize it. Your clients have a right to know!

7. Promote health: Tell your clients you're interested in helping them when they're sick, and **keeping them healthy**. Keep a bulletin board with a "health tip of the week" then reward your staff for coming up with good ideas. Tack up good, factual articles from the lay press or medical journals.

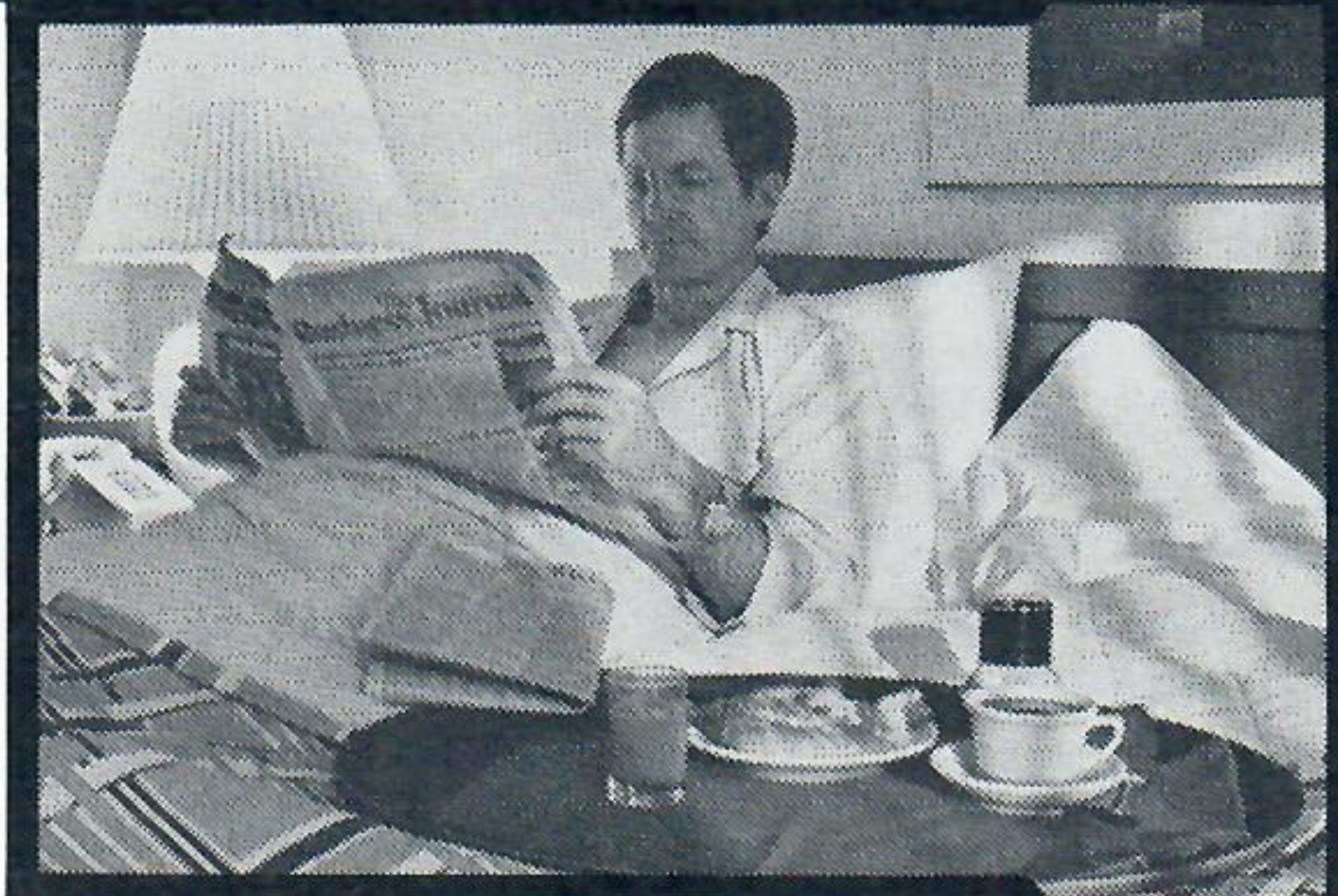
Everyone's situation is different, so tailor your reception area to your needs. Remember that it reflects on you a great deal. Your efforts will be rewarded by happier clients who will keep your days busy and more fun.

(Continued from page 2.)

about fitness! I confess that I was on the planning committee and was unsuccessful in getting some of these things taken off the program. I hope others at the conference who felt similarly will back me up when the time comes. Or-SHEC will offer its resources to validate some of the presentations for Seaside XII and if they let us do it, the Heart Association, the Lung Association, Oregon Dietetic Association, OAFP and others will have an opportunity to let the sponsors of the Conference know that some of the presentors should at least be publicly challenged or

not allowed this important forum to propound their fallacies. There were some excellent presentations and some things that would be appropriate for our OAFP Annual Scientific Assembly.

The office will be closed for a week after my cholecystectomy June 22 and for whatever it takes thereafter for me to get back up to speed. Please be patient when you get the answering service. They'll relay messages and I'll get back to you as soon as I can. Or consider contacting members of the Board if you have questions about Academy policies; or the toll-free number of the AAFP for information about CME availability, patient education materials, etc.



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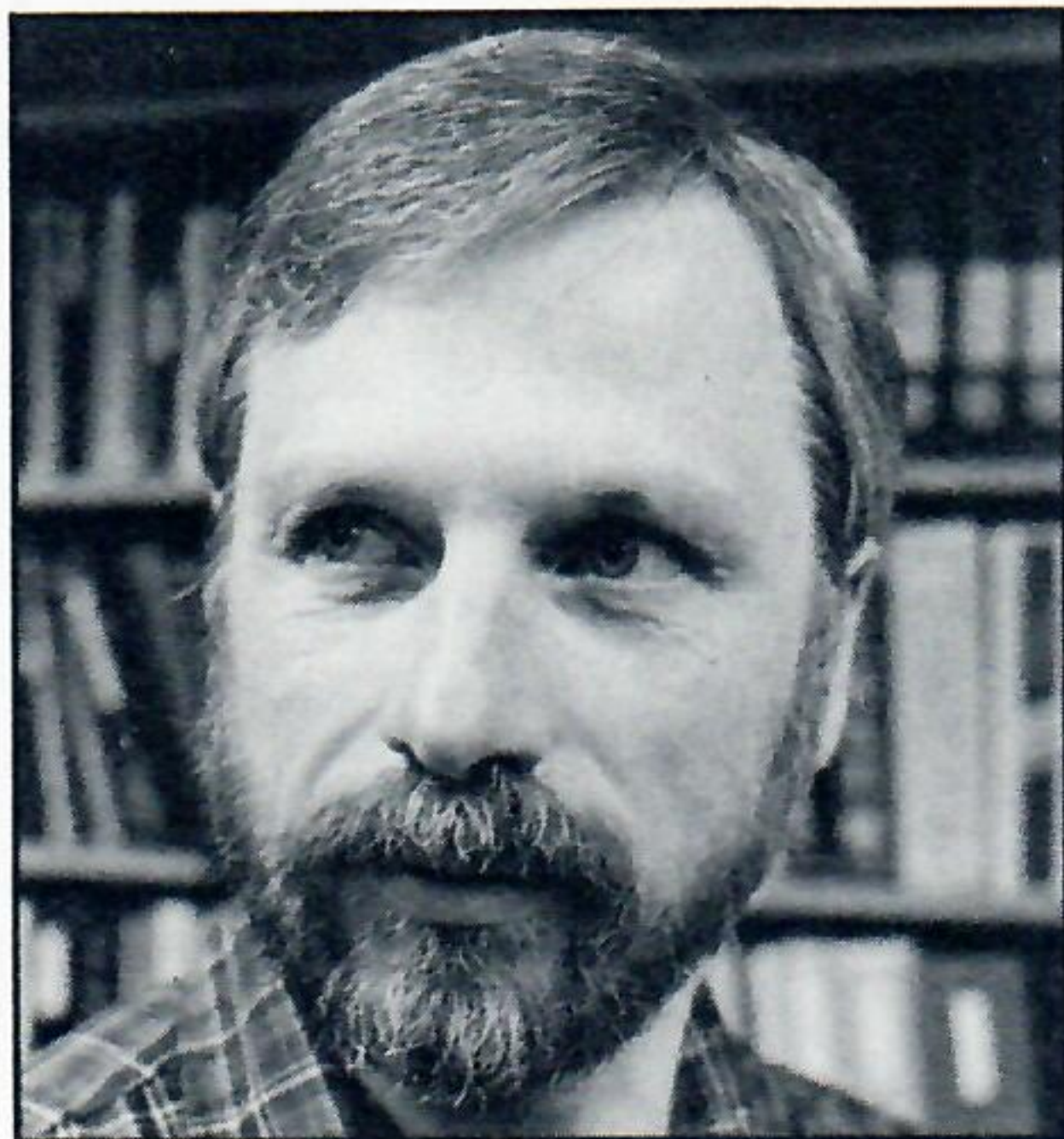
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MORE ON OMPRO



by **Richard C. Wopat, M.D.,
Lebanon**

If you have concerns or complaints, make them known to your local representatives.

In the last issue of the *Oregon Family Physician*, I blew off a lot of steam about the growing bureaucratic presence in the medical arena. Our practice of medicine seems more and more under the control of outside factors. These factors include the federal government, through the Medicare program and other federal legislation; the state government, through Welfare and other state legislation; and, to no small extent, malpractice carriers, HMOs and so on. Many physicians complain of a sense of impotence, a lack of control, "like we're getting dumped on". I suspect some of you share these feelings. I would like to make some suggestions about ways of reasserting ourselves and regaining the sense of control that many physicians feel we are losing.

I think first we need to recognize that change is inevitable. We have to give up the idea that it will ever be "like it used to be". Them days are gone! Just as I tell my new diabetic patients that accepting the diagnosis of diabetes is the first step in learning to control their condition, we need to accept that change is going to occur and by adapting to the changes in the field of medical politics, take the first step toward regaining a sense of control.

Secondly, I would implore you not to "drop out". There is a feeling of futility being expressed by an increasing number of physicians. I know there is a tremendous temptation to say "It's not worth it" and stick your head in a pile of charts. If we all choose this option, that of dropping out and not getting involved, we deserve exactly what we get, and it won't be pretty. I

am convinced that we as physicians have tremendous power, if we would just decide how to get together and use it. We certainly can significantly influence the delivery of a vital commodity—health care—and, as family physicians, I feel we have the support of the vast majority of our patients.

We must be organized and be involved in the organizations that represent us. Without these organizations we lack the means of communication with each other that is so important in developing mutual objectives. These organizations, such as the OAFP, OMA, the state PRO's and many local physician groups, serve as our representatives and need both our input and support to have a significant impact on the changing health care picture.

In the last issue of the *Oregon Family Physician* I related some of my involvement with OMPRO as one of these organizations. Many physicians either don't realize or lose sight of the fact that OMPRO is a **physician-controlled** organization. It is run by a Board of over twenty physicians, elected from across the state by the state's physicians. You should know who represents you on the OMPRO Board. If you have concerns or complaints, you should make them known to your local representatives. At the end of this article, I have listed the OMPRO Board members and their home towns. They welcome your **constructive** input.

Since the majority of rules and regulations in health care come out of legislative bodies, **we must make ourselves heard in Salem and Washington, D.C.** We need to influence the senators and representatives who write the legislation. Recently the Executive Committee of OAFP

met with Congressman Ron Wyden. Congressman Wyden is on the Subcommittee on Health and Environment of the Energy and Commerce Committee and is also on the Select Committee on Aging; and has written several important pieces of health care legislation that affect your medical practice. He made several points that I felt were important.

One, he felt that the overriding consideration in health care legislation at this time is the budget. Congress will continue to look for ways of reducing expenditures to balance the budget. One of these ways **will** be by reducing Medicare expenditures.

Two, he suggested that of the 435 congressmen in the House no more than 15 have a good understanding of the intricacies of health care systems and legislation.

Three, when asked what he felt was the best way to have an impact upon the legislative process, he noted that letters he received from individual physicians had more impact than those he received from organized lobbies. In addition, he asked for ideas about ways that programs could be more effectively run, ideas that would improve health care legislation without additional cost and without jeopardizing the quality or availability of care.

If we accept his impressions, then I think it gives us a strategy for increasing our input into health care legislation. First, we need to be aware when legislation is being proposed. We must solicit from our congressmen information about pending health care legislation. This is currently being done by the OAFP, but as individuals, we can let our Congressmen know that we are interested in what health care legislation is being proposed,

and they will send copies of legislation and solicit your comments. Secondly, if we have an opinion, we as individuals should write to those who control the most power. Certainly in Washington at this time, Representative Wyden and Senators Hatfield and Packwood are very influential, and should be targeted for input on health care matters. In Salem, I would recommend communicating with Representative Katz and Senator Kitzhaber, Speaker of the House and President of the Senate, respectively, as well as your own Senator and Representative.

In addition, I would encourage you to let your organizations, the OAFP and the OMA, know where you stand on these issues and, if you feel strongly enough, encourage your parents to write as well.

I have no illusion that we as organized (or disorganized) medicine will become **the** controlling factor in health care legislation, but I do feel that we have a much greater impact than we are having now if we are more involved, more organized and more vocal. Instead of wasting energy complaining to each other, we must use our significant influence to help shape the future of medicine.

We have nothing to lose and much to gain.

*We have nothing
to lose and
much to gain.*

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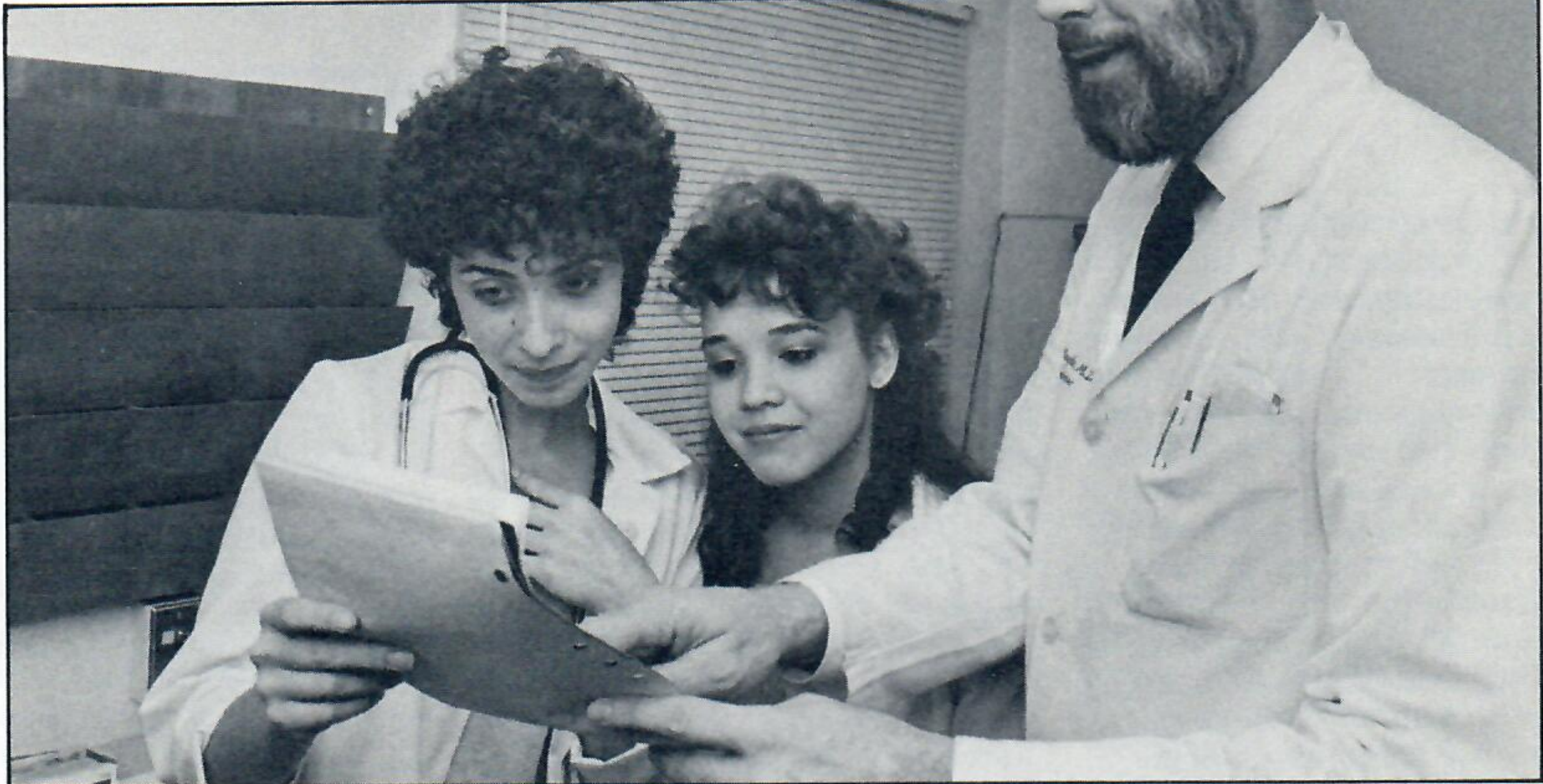
John Wrigley, M.D.
Roseburg

★Family physicians



FROM THE HILL

by Robert B. Taylor, M.D.



Dr. Bob Taylor discusses a report with Gloria Dupon, M.A. and Cathy Maza, M.A.

The department is busy preparing for the arrival of the new residents on July 1. **John W. Saultz, M.D.**, Residency Director, will lead the department in welcoming eight new first year residents and two new second year residents. The new first year residents joining our program are:

Paul Brenc (University of Massachusetts)

Susan Davis (OHSU)

John (Jack) Jackson (Tulane)

Douglas Langrock (Baylor)

Richard Maynard (University of Osteopathic Medicine and Health Sciences, Des Moines, Iowa)

David McAnulty (University of California — Davis)

Katrenka Rember (OHSU)

Robert Saldivar (University of California — San Diego)

The two second year residents joining us July 1 are:

Thomas Dietz (Baylor)

Harley Goldberg (University of Osteopathic Medicine and Health Sciences, Des Moines, Iowa)

The new residents will have a two-week orientation prior to beginning formal clinical rotations.

Eight residents graduated from our program at a graduation

dinner June 19, 1987 and formally leave the program on June 30th. Of the eight residents graduating from the program, six are staying to practice in Oregon, and all will be practicing in the Pacific Northwest next year.

This year 13 of the 88 medical school graduates (15 percent) will be going into family practice residency positions. From among these 13, the Academy's Committee on Student Affairs selected **Katrenka Rember** as the outstanding student going into family medicine. At the Senior Awards Banquet on June 6, **Dr. Michael Krall**, Secretary of OAFP, presented Katrenka an award of \$200 from the Academy and a copy of the newest edition of Dr. Taylor's book "Family Medicine: principles and practice." Happily for us, Katrenka will be staying here on the Hill, starting as a new first year resident on July 1.

William L. Toffler, M.D., Director of Patient Care, reports continuing record numbers of patient visits in the Family Practice Center, and **Jeffrey Olenick, M.D.** confirms that our Urgent Care Clinic continues to be busy, especially with Oregon Health

Sciences University employees. Drs. Toffler and Olenick will be joined in October by **Gale Lewis, M.D.** who has been recruited from the Kaiser Family Practice Training Program in Los Angeles to join our faculty. In addition, in July we will welcome our new faculty fellow, **Dana Peterson, M.D.**, who comes to our program following completion of his family practice residency in San Bernardino, California. To accommodate the increased numbers of patients and physicians, we are adding four new examination rooms to the Family Practice Center.

Dean McGinty, M.D., Director of Predoctoral Education, has reported that the Oregon Health Sciences University School of Medicine Curriculum Committee has unanimously recommended adoption of our new ambulatory care curriculum — a six week clerkship to be added to the core curriculum of the medical school. **Margaret Vandembark, M.D.**, and **Maggie Pedersen, M.B.A.** have worked with Dr. McGinty in planning for this important new addition to the medical school curriculum.

Plans for the annual Mack

Lipkin Visiting Professorship are moving ahead under the leadership of **Peter Goodwin, M.D.** Our Mack Lipkin Visiting Professor this year will be **Lewis Barnett, M.D.**, Professor and Chairman of Family Medicine at the University of Virginia in Charlottesville, Virginia. Dr. Barnett will speak to members of the Portland Regional Academy of Family Physicians and the Oregon Academy of Family Physicians, as well as presenting sessions at Oregon Health Sciences University. The dates are September 21st to 23rd, and everyone is invited to join us for these presentations.

The Research division, led by **Eric M. Wall, M.D., M.P.H.**

reports the publication of a paper on "Sources of Stress in Post-Graduate Medical Training" by **Anita D. Taylor, Ann Sinclair,** and Eric M. Wall, M.D., M.P.H. in the May 1987 issue of the Journal of Medical Education. In addition, Dr. Wall reports that we will soon begin a study on estrogen therapy in perimenopausal patients.

Robert B. Taylor, M.D., Chairman, notes that the Fund for the Advancement of Family Medicine now has had sufficient interest income to begin support of research and education projects. A request has been sent to the committee for the Advancement of Family Medicine requesting approval to fund two

projects: a research study seeking to validate the obstetrical risk scoring widely used by family physicians in Oregon, and (2) the printing of a booklet describing preceptorships in Oregon that can be distributed to all medical students at Oregon Health Sciences University.

Beginning with the next issue of *Oregon Family Physician*, On The Hill will have a new format: a member of the department will describe his or her activities in depth. Faculty members in the Department of Family Medicine consider ourselves an important extension of the Oregon Academy of Family Physicians and we value support and comments from the membership.

Past President, dies

Robert T. Childs, M.D., Portland, OAFP President in 1971-72, died at his Welches home on April 25.

Dr. Childs will be remembered as an active member of the Academy having served on numerous committees and on the Board of Directors for several years. He was active also at the national level, serving on the State Officers Conference Committee from 1971 to 1974, when he was Chairman. He was an Alternate Delegate and Delegate to the AAFP Congress from 1972 to 1984, and was a charter Fellow. Dr. Childs started the emergency medical program at Woodland Park Hospital and directed the department from 1972-1984. A contribution has been made on behalf of the Academy to the Columbia-Pacific Council, Boy Scouts of America, at the family's request. A resolution of condolence was passed at the OAFP Congress and will be presented at the AAFP Congress in San Francisco in September.

Mrs. Nancy Childs and Susan and Bob, Jr., wish to thank the many members of the Academy who expressed their sympathy; and for the Academy's contribution to the Boy Scout Camping Fund in Dr. Child's memory.

CAN YOU HELP?

More than 150,000 people in Multnomah County do not have medical coverage (insurance, Medicaid, etc.) or the funds to pay for their health care . . .

Three clinics in Portland are working to care for these people with minimal funds and volunteer staffs:

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MEDIATION FOR PHYSICIANS

by **Peter Sorenson, Eugene**

Editor's note: Peter Sorenson is a Eugene attorney who is promoting the use of mediation for disputes involving physicians, other professionals and businesses. Comments on this article or on mediation in general should be directed to him at C. Peter Sorenson, Attorney at Law, P.O. Box 10836, Eugene, OR 97440 or by calling him at (503) 683-1378.

Physicians and other professionals are frequently involved in disputes. These disputes can be minor disputes involving the way a medical partnership should be administered or they could be major, such as a dispute with a patient because of alleged negligence. If the dispute is minor, the parties attempt to work things out by themselves. If the dispute is major, disputes are resolved traditionally in the United States by each disputant taking their case to a lawyer. The lawyer in the traditional American adversarial system represents each client, as the Oregon Code of Professional Responsibility for Attorney states, "zealously". The problem with this method of dispute resolution is that many times the dispute itself becomes more difficult to solve because of the nature of the adversary system. Lawyers are trained to win. Lawyers are trained to prepare thoroughly. Lawyers are trained to take their client's cause and to work solely on behalf of that client.

Mediation may be an alternative to the adversary system. Although advocates of mediation do not wish to have mediation characterized as "alternative dispute resolution" because it implies a lesser status as a dispute resolution technique, mediation may well be an alternative the medical profession should promote.

How does mediation work? Mediation is a dispute-resolving process involving at least three individuals or organizations: two of the individuals involved are the disputants; the impartial third person is known as a mediator. The purpose of mediation is to resolve a dispute by gaining agreement between the parties. A simple example will illustrate this. I visited the Portland offices of the Oregon Medical Association to discuss with Paul Frisch, the Medical-Legal Affairs Director, the possibility of instituting mediation in Oregon for physicians.

Paul told me that one of the most frustrating things he must deal with is when physicians call him to request his assistance in a medical partnership or medical professional corporation dissolution. In the usual dissolution case, the individual physicians in the practice will each retain separate lawyers who will then commence a suit in state court to have the partnership dissolved. This will be true even though the physicians involved wish to have the matter settled amicably. The result oftentimes is increased stress, higher transaction costs, and inefficiency, all to the detriment of the individual physicians.

Mediation would work well in this situation. In mediation, each of the physicians would mutually agree to retain a mediator. The mediator could be a lawyer or other qualified mediator. The mediator would meet with all of the physicians involved, review all of the documents, obtain additional information, and help the parties resolve the dispute together. An important distinction between mediation and arbitration is that mediation does *not* involve decision making by the mediator. Mediation involves the parties retaining the power to make a decision. Mediation is voluntary. At any time, and for any reason, any of the disputants can terminate mediation.

What are the possible detriments of mediation? Many disputes are not appropriate for mediation. When a dispute has reached the point where the people cannot communicate, even with the assistance of a third person, when there is unwillingness to solve the problem, when there is disparity in bargaining power, or for other reasons, a dispute may not be suited to mediation. If mediation is attempted and brings about a result, then it has been successful. Physicians should use care in deciding whether a case can be mediated.



"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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AND THEIR PATIENTS

How can physicians promote mediation? In my discussions with a good college friend, Edward C. Sargent, M.D., we have come to the conclusion that lawyers are trained to be advocates and adversarial where physicians are trained to be cooperative and non-adversarial. This difference in approach in the educational and professional activities resulting in an attitude by many physicians that the last place one should send a disputing individual, including himself or his spouse, is to a lawyer. The relationship between the medical profession and the legal profession in Oregon is at present, to put it mildly, terrible. This is substantially related to the heated legislative debate over medical liability insurance premiums and medical malpractice. And as the medical profession develops preventative medicine, so will the legal profession develop alternative dispute resolution and alternatives to the often expensive

and inefficient system of civil litigation. Physicians can promote this by referring disputing people to qualified mediators.

Who is a qualified mediator? At the present time, there are no licensing requirements for mediators in Oregon. A statewide organization known as the Oregon Mediation Association has been formed to coordinate the activities of mediators, lawyers and counselors who have formed the organization. They will be happy to provide more information on where mediation services could be provided. The president of Oregon Mediation Association is James C. Melamed 259 East 5th Avenue, Eugene, Oregon 97401 (345-1456). Retired Salem area physician, Hugh Dierker, M.D. is a member of the Oregon Mediation Association Board of Directors.

What are mediators fees? Mediators in Oregon charge between \$40 and \$100 per hour for their services. Normally, this fee is paid by each of the dispu-

tants equally, although that is normally one of the first things discussed in a mediation. The length of time depends on the willingness of the parties to agree, the technical aspects of the dispute, willingness to schedule sessions, interpersonal conflict between disputants and similar factors. The typical divorce mediation takes about 10 hours, and the typical business mediation is an average of 20 hours. Although these costs may seem high, they are minor in comparison with the cost of litigating similar disputes. In addition, there is a tremendous sense of relief that a dispute has been resolved carefully and properly rather than "giving up" on the problem and resenting the outcome of the dispute.

Medicine is the healing art. Physicians have an obligation to heal disputes, whether the dispute involves a physician, his/her family, an employee, a colleague or a patient.

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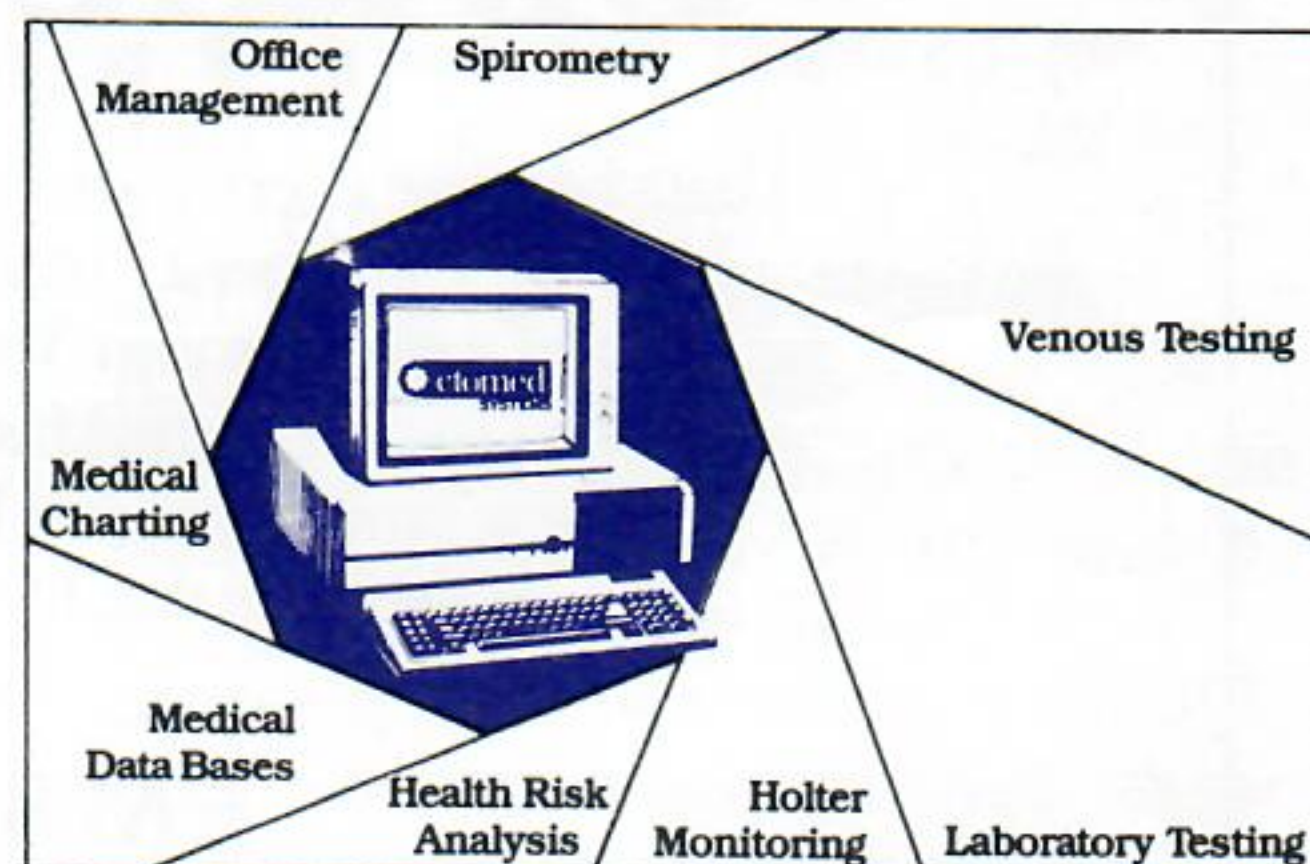
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FROM THE CHAPTERS — Lane County

by **Doug Jeffrey, M.D., President**

The Lane County Academy of Family Physicians had a good final meeting June 13 at the lakeside home of **Drs. Peter and Pamela Cary**. We had good chats, a great picnic and got views from a motorboat of the resident ospreys.

Some topics for the year have been "Computers in the Office", "Foot Problems", "Pediatric Dermatology", "Management of Peptic Ulcer Disease", "Management of Common Rheumatology Problems", "Update in Physical Therapy" and "Overview of African Medicine".

A highlight of our meetings has been a social hour "rumor control" chat. This is a formalized gossip session to exchange information on which hospital is doing what and what PPO is going where, etc.

We have also devoted a short section of our meeting to a show and tell, or "here's how I'm doing it in my practice" kind of thing. It has been an opportunity to compare things like patient education ideas, superbill forms, etc.

(from the Editor: We'd like to hear from other chapters. Send your column to the OAFP office, before September 10.)

(Continued from page 5.)

Hugh Johnston concluded with a talk on how Sacred Heart Hospital has set up and runs its quality assurance and risk management programs. If your local program could use some work, write to Hugh for a copy of his suggestions. As he put it, his work on the Board of Medical Examiners is to pick out the bad apples. The work of quality assurance is to locate the huge proportion of doctors who are good but who occasionally need some direction to make them better. (Incidentally, make sure you are keeping your peer review notes separate from general procedural notes at hospital committee meetings. This helps keep them under the umbrella of peer review protection.)

Some of the medical review units could be implemented in your office in the summer when it may be a little bit slower and less frantic. Why not give it a shot?

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AN OPEN LETTER TO MEDICARE

by Dorin S. Daniels, M.D., Ontario

Dear Medicare (you have not given me any other title or person to address):

Jenny is 85 years old. Jenny is diabetic. Jenny takes insulin. Jenny is alert and intelligent. Jenny has learned to do her own blood sugar testing, but it is hard for her to read the results without the help of a machine. Jenny is extremely anxious to keep in good health so that she can take care of her ailing 92-year-old husband. She also wants to continue to bring in the firewood and mow the lawn and drive to the store and to the doctor's office. Jenny had a home blood sugar testing device (which she paid for) but which never worked right. Jenny took my prescription for a new blood sugar home testing device to Valley Medical Supplies, Inc. and obtained a good new home blood sugar testing device (Accu Check II) so that she can monitor her own disease and help make her own medication adjustments. This will free her from the need to make frequent trips to my office or to the hospital to have her blood sugar tested and she will not have to be away from her husband as often. Jenny got a good deal from Valley Medical. They gave her a great big trade in allowance for her old machine (and were even willing to pass these savings along to you, Oh Great, Benevolent, Omnipotent Medicare. HOWEVER, you, Oh Great and Benevolent and Omnipotent Medicare, in your infinite wisdom and unsurpassed power, have refused to pay for Jenny's blood sugar testing equipment because (and I quote your notice) "Medicare has determined that this type of equipment is not required for this type of condition"!

Will you please explain some things to me, Oh Great, Benevolent, Omnipotent and all powerful Medicare:

1. If blood sugar testing equipment is not for use in diabetes, please let me know so I can put it to proper use. Please also notify Valley Medical and thousands of other medical equipment suppliers that they have been misinformed also.

2. If home blood sugar testing is not wise for diabetics, please let me know so that I can tell all my diabetics that they will have to come to the office or hospital

"Medicare has determined that this type of equipment is not required for this type of condition!"

every day or two so that they can spend more of YOUR tax dollars on blood sugar tests.

3. If you do not, Oh All-knowing and Benevolent Medicare, believe that elderly citizens of this once-great country are either capable of, or , deserving of, medical care in which they take an active and interested part, will you please instruct me (and thousands of other doctors, hundreds of thousands of patients, all of the diabetes associations and support groups, medical school professors, textbook writers, etc.) how to tell patients that they must no longer think or act in their own behalf.

4. Please also explain to me, and to Jenny's U.S. Congressman, Bob Smith, why someone from his District has been denied services from you, Oh Great and Benevolent Medicare.

5. Please also explain to me, and to the Oregon State Board of Medical Examiners, why "Medicare" is not listed in the directory of Oregon Physicians. It has been my understanding that one has to go through a rather

formal process in order to be licensed to practice medicine in this state. You seem to have been doing it for some time without proper licensure.

6. Please also tell me, and the Oregon Medical Association, where and when there are to be continuing education courses in your new methods for treating diabetics over the age of 65. I believe that the OMA is keeping a list of all important training programs.

I would like to sign this letter as The Doctor, just as you hide behind your title, Medicare. I am, however, accountable for my actions—as should be anyone who uses the title of Medicare. I am convinced that SOMEONE, SOMEWHERE within the vast confines of your organization made a decision about Jenny that was WRONG. I think that person should be identified and held accountable for that decision. Remember that the person did not claim that we failed to fill out the proper forms in triplicate, or that Jenny was not covered by Medicare, or that we had not proved that Jenny was diabetic, or that we hadn't done enough this-es or thats to qualify for condition X, etc., as you usually do. Your person under the name of Medicare flatly stated that home glucose testing equipment is not medically required for diabetes. If you wish to debate the term "required" I hope you will allow us to include the AARP, medical school teachers, lawyers, theologians, ethicists, legislators, family physicians and patients. Until such all-inclusive conferences materialize, I would urge you to honor medical decisions made by duly licensed practicing physicians.

Doris S. Daniels, M.D.
Ontario, Oregon

(Copies of this letter were sent to Senators Hatfield and Packwood, and Representative Bob Smith.)

CONGRESS OF DELEGATES

The OAFP Congress of Delegates at its May 9 meeting Accepted the reports of the President and the Treasurer and commended them for their service during the 1986-1987 Academy year. The Treasurer's report showed total assets as of March 31, of \$64,570, of which \$63,810 was in the investment account. The Academy's fiscal year ends June 30. The Congress also accepted reports from each Committee of the Academy, and directed the Bylaws Committee to study the matter of membership in local or district chapters without membership in the Oregon Academy or AAFP; directed the Education Committee to establish fees for the 1988 FP OB SKI III meeting at the Inn of the Seventh Mountain sufficient to cover expenses of the meeting; provided direction to the Chairman of the Mental Health Committee on ways to increase attendance at the Silver Falls Conference and enhance the mental health of OAFP members; commended members of the Academy who are serving on national commissions and committees as reported by the Past Presidents Committee; directed the Public Policy Committee to study HB 2010 relating to Workers Compensation to assess its possible impact on family physicians; **encouraged members of the Academy to volunteer to serve at the State Fair booth August 18 to September 7** in Salem, a project of the Public Relations Committee; commended the members of the Publications Committee for the new *Oregon Family Physician*; and commended the members of the Scientific Assembly Committee for the success of the 1987 Annual Scientific Assembly.

The Congress adopted Resolution 1, which encouraged the Governor to decline to participate

in nuclear war disaster planning while reaffirming the Academy's support of planning for other disasters. Also adopted was Resolution 2, which called for members of the Academy to use black-bordered postcards to inform members of Congress about patients who die from tobacco-related illnesses. Resolution 3, also adopted, directed the Academy's Health Care Services Committee to suggest programs and legislation for medical care of the indigent. Resolution 4 directed the Academy to try again to get the OMA to negotiate with CNA regarding rules for family physicians doing obstetrics which the delegates found burdensome and unacceptable. Included in the same resolution was a mandate to negotiate

with other liability carriers regarding restrictions on FPs doing OB. The Congress adopted Resolution 5, directing a study of nurse practitioners offering primary care in the schools, with a view toward improving continuity of care now lacking; and Resolution 7, relating to establishing a position with respect to Congressman Wyden's bill regarding prescribing and dispensing medications by physicians. A resolution of condolence upon the death of Bob Childs was also adopted (see related story).

Speaker **Douglas W. Lieuallen, M.D.**, Madras and Vice Speaker **Peter H. Schludermann, M.D.**, Hillsboro, were unanimously reelected by the Delegates.

SCIENTIFIC ASSEMBLY EVALUATIONS

Another Scientific Assembly, the OAFP's 40th, has come and gone. Many registrants responded to the Committee's plea for evaluations, resulting in the following appraisal of the Friday and Saturday morning sessions (by program title) on a scale of 1 to 5, five being excellent:

Alzheimers—The Diagnosis and After	4.08
The Acute Abdomen in the Elderly	3.33
The Value of 24-Hour Blood Pressure Monitoring	4.04
Rubella Immunization Practices	3.52
The Post-Menopausal Patient	3.92
The Aging Knee	3.78
Newer Treatment Modalities in Cardiology	4.43

Cholesterol, Fat and Fish 4.57
 Depression in the Elderly 3.57
 Drug Actions & Interactions in the Elderly 3.36

Prostrate Problems—Diagnostic Clues & Treatment 4.19

Small groups were also evaluated, as follows (by speaker) as to organization, new information and applicability to practice: Bristow 4.7, 4.7 and 5; 4.3, 4.5 and 4.8; Dujovne: 4.5, 4.5, 4.5 and 4.7, 4.7, 4.7; Felmar: 4.5, 4.4, and 4.6, 3.5, 3.8 and 5; Gingrich: 2.5, 2.5 and 2.5, 3.4, 3.0 and 4.2; Narus: 4.3, 4.0 and 4.2, 5, 3 and 5; Newton: 4.5, 4 and 4, 4, 4 and 4; North: 4.5, 4.3 and 4.3, 4.7, 4.7 and 4.7; Singer: 4.7, 5 and 5; 3, 3 and 4; Smith: 4, 4 and 4; Stilwell: 5, 4 and 5, 4.3, 4.3 and 4.3.

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.

Michael J. O'Neill, MD FP resident graduating 1987, looking to join/form small group of FPs interested in providing most medical services, including OB. Available 7-87. Send inquiries to Michael O'Neill, MD, 107 Garden, Duluth, MN 55812. Well send CV.

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 Ex-

change 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 established 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 on-going 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 affiliation 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.

DALLAS, OR established 4 FP group seeks residency trained MD or DO to join active growing practice. Currently includes surgery, OB, pediatrics, geriatrics. Primary and satellite offices new and well-equipped. Contact Jerry Flaming, DO, 1000 SE Uglow, Dallas, OR 97338; or phone (503) 623-8376 or (503) 623-9615 (res.)

ENTERPRISE-JOSEPH young Board certified FP seeks help in solo practice. Strong skills in OB and interest in out-of-hospital birth essential. Full range of family practice, incl. surgery if trained. 25-bed hospital with CCU, OB, ER surgery. Ideal part-time position in beautiful mountain setting. Contact Michael Driver,

MD, 200 E Greenwood, Enterprise, OR 97878; or phone (503) 426-4946.

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 Wil-

lamette, Eugene, OR 97401; or phone (503) 687-6202.

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.

GRANTS PASS Board certified FP sought to take over thriving 10-year-old practice, presently includes OB. 4-man on-call association. Solar office with x-ray available. Contact Bernard W. Hill, MD,

1587 NW Washington, Grants Pass, OR 97526; or phone (503) 476-0801 (office) or 476-0644 (res.)

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.

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.

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,



Financial Strength Means Growth For Oregon Corporations

Available now to help medical associations gain the necessary financial health and strength they need is Ken Nielson, formerly Vice President and Senior Corporate Lending Officer for Willamette Savings and Loan. Ken is looking for a position in

the business world outside banking.

"One of my greatest strengths," Nielson said, "is my ability to combine experience and imagination while helping clients improve their financial status."

Nielson started his financial career with first National Bank of Oregon in 1960, following his graduation from Washington State University in Business Administration, International Trade and Economics. He reached the level of Vice President and Branch Manager of the Corporate Banking Division before leaving in 1978.

Nielson's banking career has involved extensive corporate, commercial, small business, real estate, and professional client relations, with emphasis on plans and marketing. For several years, he was involved in national banking, and his experience includes a great deal of market research and analysis, plus economic reviews and financial forecasts.

For medical associations that need help with their financial opportunities, Nielson would be a hard man to beat. For more information regarding his background and experience, call (503) 684-1240.

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.

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 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

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 involvement 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, 1987. Needs OB. Contact R. Martin Johnson, MD, (503) 684-0475, or write 13200 SW Pacific Hwy, Tigard, OR 97223.



AAFP Announces...

Change in Active Membership Requirements

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.



Family
Physicians
joining together

Questions??
Call AAFP Membership Division
1-800-821-2512

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.

HIGH QUALITY AND COST-EFFECTIVE, TOO!

REGISTER NOW for the 1987-88 CORE CONTENT REVIEW OF FAMILY MEDICINE

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July 3-8, Family Practice Board Review, Hanalei Hotel, San Diego, CA, 29 hours P

July 6-8, Plastic Surgery for the Primary Care Physician, OHSU, Sunriver, 13 hours P

July 9-11, Orthopedics for the Primary Care Physician, OHSU, Sunriver, 13 hours P

July 10, Southern Oregon Quarterly Review of Medicine, Rogue Valley Medical Center, Medford, 8½ hours P

July 14-15, St. Anthony Hospital Annual Tumor Conference, OHSU/ St. Anthony, Pendleton, 6¼ hours P

July 16-17, Ambulatory Health Care Standards, JCAH/AAFP,

Seattle Marriott (at Sea-Tac), 10 hours P

July 23-24, 12th Annual Prenatal Seminar, Rogue Valley Medical Center, Ashland Hills Inn, 13 hours P

July 27-29, The Best Approach (to common clinical problems), Group Health Seattle, Sunriver, 15½ hours P

August 7-8, Tomlin Memorial Cancer Lectures, ACS/Oregon Division, Rogue Valley Country Club, Medford, 10½ hours P

August 27-29, Controversial Issues—Trauma System Design and Implementation, Oregon Trauma Research and Education Foundation, Monarch Motor Hotel, Clackamas, 16½ hours P

'DISEASES OF THE MONTH'

Try using information relating to one or more of the following on your office bulletin board. Your patients may be reading about the "diseases of the month" in lay publications and have questions about them. The Academy office (224-6966 in Portland) has information about where to order pamphlets and other materials for patient education purposes.

The Office of Disease Prevention and Health Promotion announces that diseases take the

months of July and August off. September is National Sight Saving Month, National Pediculosis Prevention Month, Leukemia Society Month, and National Sickle Cell Month. September 20-26 is National School Bus Safety Week, National Farm Safety Week; and September 13-19 is National Rehabilitation Week. **OCTOBER IS FAMILY HEALTH MONTH!** Watch for material from the Academy to help you promote it.

SPEAKERS ?

If you hear speakers with whom you are impressed and who you think might add to the OAFP 1988 meeting, please contact the Academy office so that this information can be relayed to the Scientific Assembly Commit-

tee, which will begin on August 8 to plan the 1988 Annual Scientific Assembly, April 28-May 1, at the Valley River Inn, Eugene.

Any comments you may have on format, entertainment, etc. are also solicited.

*Here's
to your
health*

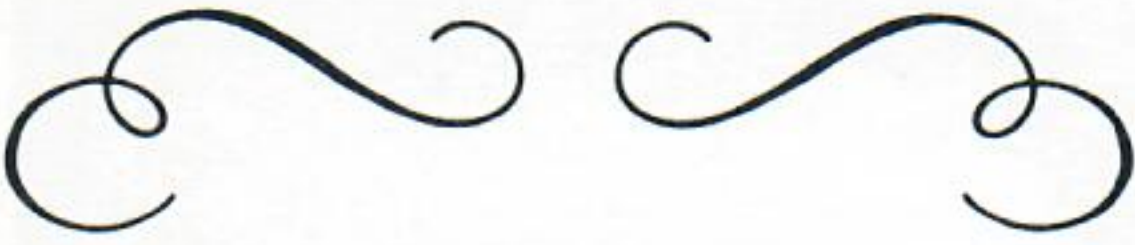


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MEMBERS IN THE NEWS



ODE TO A TALK-SHOW DOCTOR

by A. E. Miller, M.D., Family
Physician, Blackfoot, Idaho

Who are you Sidney Worfe, M.D.?
You love to prance on my TV
and righteously pontificate
about my low and sorry state.

Who are you, Sidney, anyway?
You always have so much to say
about the pills I push pell-mell
to unsuspecting clientele.

You always know just what to do.
Are you for real, a medic true?
You are so certain what is right.
Do you treat sick folks in the
night?


Working doctors muddle through.
I think they seldom act like you.
Perhaps you're just a talk-show
image,
a quarterback of armchair
scrimmage?

Do they let you tote the ball
you paragon of know-it-all?
Real players tend to be more
humble,
but with no balls you cannot
fumble.

When I descend to final hell,
you'll be there, Sidney, with
Cosell,
who also never played the game.
But just the same,

for my last curse before I rest:
I'll probably hear you second-
guess.

(Reprinted with the gracious
permission of the author.)



Sadie Arrington, Hillsboro, Medical Director of the first Tuality Community Hospital Women's Workshop, was featured in a 3-column article describing the Workshop in the Hillsboro *Argus*.

Dorin Daniels, Ontario, joined an Ontario surgeon in addressing the Chamber of Commerce regarding federal and state regulations which they felt are stifling the medical community's efforts to provide the kind of care it wants for its patients. He was quoted in an article in the Ontario *Daily Argus Observer*.

The Science section of the *Oregonian* carried a 3-column article by **Stuart Garrett**, Bend, on the effect of geologic history on Oregon's plant species. Dr. Garrett is an expert on Oregon native plants.

Peter Peruzzo, The Dalles, was the subject of a Physician Profile in the Mid-Columbia Medical Center's ad in the *Weekly Reminder*. Aside from his family practice, he builds boats, sails them, and races bikes.

The *Brookings Curry Coastal Pilot* advised potential patients of Brookings-area medical facilities and availability of medical care from local physicians, including **Ronald Rennick**, **Lawrence Witt**, **Randy Garcia**, **Russ Nickels** and **Reginald Williams** in a 4-column article in May.

Patrick McDonald has moved his medical practice to a new Woodburn location. He was pictured in front of the office in a large photo in the Woodburn *Independent*.

Steve Cross, Redmond, ran unopposed in March for a position on the Redmond School Board, according to an article in the Redmond *Spokesman*. "We as citizens need to pay for the real estate we occupy in the world . . . It's important that people who care about education be on the school board", Dr. Cross said.

Speaking in opposition to a bill which would require doctors and lawyers to donate time to help indigent people as a condition of

keeping their licenses, Liz Van-Leeuwen pointed to **Ken Orwick's** service as "Doctor of the Day" in the Legislature. She said that it was symbolic of the volunteer service provided by many Oregon physicians. She was quoted in the Albany *Democrat Herald*.

A highly laudatory letter in the Klamath Falls *Herald & News* described the selfless and conscientious care rendered by **George Whang** of Chiloquin to citizens in the area.

Beverly DeLaBruere, Estacada, discussed "Diagnosing AIDS and the Medical Implications" at a community AIDS forum in March, as reported in the *Clackamas County News*.

Sally Samer Marie was chosen Chief of Staff of Seaside General Hospital in February, according to a story in the *Seaside Signal*. **David Cornwall**, Cannon Beach, serves as Medical Staff Secretary.

Wes Hoskins, Springfield, writes a column, "In Good Health" for the *Springfield News*. A recent column dealt with prevention of accidental poisoning in children.

James D. Hauschildt retired from his North Tillamook County medical practice in April after 24 years there, according to the Tillamook *Headlight Herald*. He was a member of the Nehalem Bay Medical Center Staff.

Peter Schludermann, Hillsboro, testified in favor of mandatory seat belts before a legislative committee considering the bill. His testimony was described in the Grants Pass *Daily Courier*.

Dan Roberts' appointment to the AAFP Publications Committee was reported in the Medford *Mail Tribune*. The Jackson County Medical Society newsletter advised readers that Providence Hospital (Medford) would give a free hypnosis session with Dan Roberts to its employees who wished to quit smoking.

Portland Business Today and the Hillsboro *Argus* reported that **Marilyn Booth** was named

President-Elect of the Forest Grove Hospital medical staff.

A Springfield *News* article on rural health clinics profiled **Steven Butdorf** and his work at the McKenzie River Clinic, near Blue River. **Donald Hill**, Eugene, was also described in the full-page article.

Merle Pennington has been elected to the Board of Tuality Community Hospital, according to articles in the Forest Grove *News-Times* and the Hillsboro *Argus*.

Doug Lieuallen, Madras, wrote an outraged letter published in the Bend *Bulletin* about an earlier article suggesting that a drug might re-establish sobriety after excessive drinking and the implication that one could safely drive after using the drug.

S. E. Lisk, Portland, discussed "Mononucleosis: The Great Imposter" at a community health forum sponsored by St. Vincent Hospital, according to the Tigard *This Week*.

The Tillamook *Headlight Herald* profiled **Karin Walczak**, a new Academy member, in an article describing this Denmark native's education and background. Dr. Walczak, who will practice at the Nehalem Bay Medical Center, has traveled in Africa and served with the United Nations before starting her medical practice in the U.S. She completed her residency training in Bangor, Maine.

The Medford *Mail Tribune* reported that **Edward Helman** had been elected to membership in the American College of Sports Medicine.

Lots of "ink" was devoted in April to the OMA's study on access to obstetrical care. Besides **Peter Goodwin**, many members were quoted in their local papers regarding the effect of soaring malpractice premiums on availability of OB care. Among them were **Sadie Arrington** in the Hillsboro *Argus* and Tigard *Times*; **Judy Langdon** and **Janet Kelly** in the Scappoose *Spotlight* and St. Helens *Chronicle*; **William Weare** in the Burns *Times-Herald*; **Stephen Knapp**, **Stephen Cross** and **Doug Lieuallen** in the Bend *Bulletin*; and **Michael Grady**, Silverton, in the Salem *Statesman-Journal*. Dr. Goodwin, then-president, was extensively quoted in newspapers throughout the state, as a participant in the OMA's press conference where the study was released.

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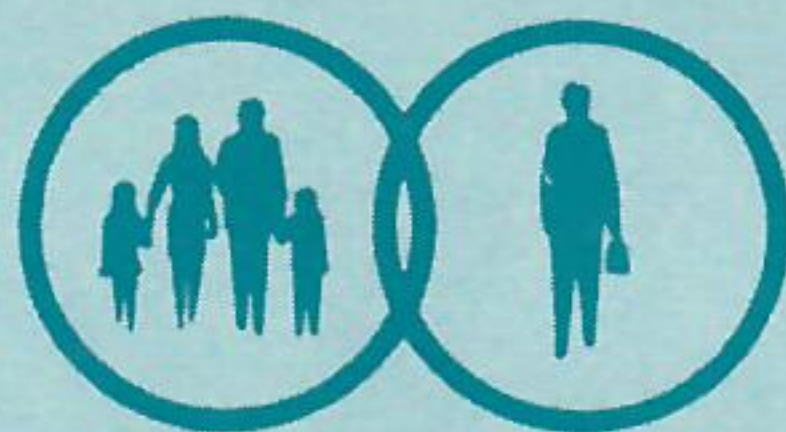
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