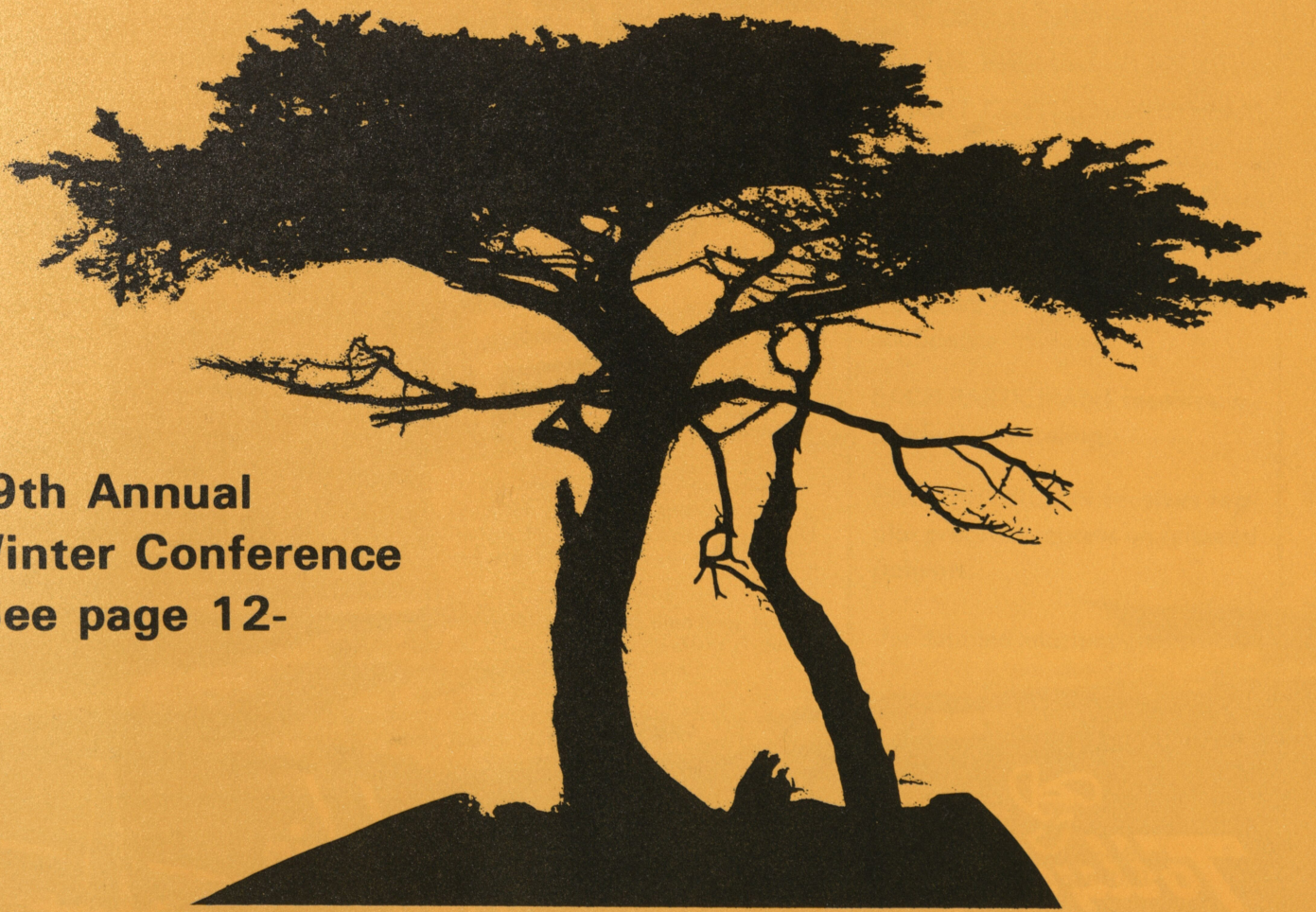
PORTLAND PHYSICIAN

March 1979



19th Annual Winter Conference

-See page 12-

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PORTLAND PHYSICIAN

OFFICIAL PUBLICATION ■ MULTNOMAH COUNTY MEDICAL SOCIETY

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A MONTHLY PUBLICATION FOR MORE THAN 2000 OREGON PHYSICIANS

VOL. XXXIV No. 3

Page Contents

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Operator of the Month

MARCH

Barbara Turner
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In Summary

OFFICIAL PUBLICATION OF THE MULTNOMAH COUNTY MEDICAL SOCIETY MARCH 1979

March Executive Committee Highlights:

-The Committee voted to reaffirm the Society's position (March 19, 1975) that: "It is not proper for a physician to accept gratis printing of announcements or similar materials from drug manufacturers or distributors, other medical suppliers, or institutions, since to do so is not different than accepting gifts of value from such providers, which is, of course, unethical. It is permissible for a physician to accept printing services from a provider or manufacturer of drugs or medical supplier, or from an institution, so long as the physician pays a reasonable amount for such printing."

-The committee voted to send a letter supporting the Principles of Medical Ethics of the American Medical Association following a request from James S. Todd, M.D., Chairman, Ad Hoc Committee on the Principles of Medical Ethics.

QUE, The Multnomah Foundation's new quarterly publication, discusses MFMC's annual evaluation of member hospitals' utilization review and medical care evaluation programs in its first issue. Don't miss it. If you need a copy, or if you want to contribute articles for future issues, write the Managing Editor, Multnomah Foundation for Medical Care, 2164 S. W. Park Place, Portland, 97205, 243-1151.

The Oregon Chapter of the American Medical Student Association needs your help. Efforts to rejuvenate student involvement are paying off for AMSA members at the medical school. They have been conducting minority health career education seminars at local high schools and are planning a geriatric health educational seminar for the future. To continue these and other worthwhile projects, the Chapter needs funding. If you have a moment, why not send just $5 or $10 (tax deductible) to: AMSA, 2188 S.W. Park Place, Portland, 97205, and help your junior colleagues out.

G. H. Strickland, M. D., is still an Emeritus Member of the Multnomah County Medical Society. The Roster Update which appeared in the January edition of Portland Physician mistakenly deleted Dr. Strickland's name. Our apologies.

Neal E. Ely, M.D., pending MCMS member, recently took time out from his practice to appear on television's A.M. Northwest. Dr. Ely discussed multiple personalities, their treatment and answered questions on related topics.

Editor's note: An article written for the December 1978 issue of Portland Physician, entitled Drug Misuse by the Elderly--Something Can Be Done, was co-authored by Vance Terral, M.D. and Michael R. Cooke, Health Educator for Multnomah County. Mr. Cooke's name was inadvertantly left out of the December credits. The Portland Physician expresses regret for such an error.

A 24-hour telephone crisis counseling service is now available through METRO Crisis Intervention. Trained volunteers are on duty 24 hours every day to receive calls from individuals in distress. The service is under contract with Multnomah Mental Health Division and is a joint venture of three well-established Portland area hotlines. The crisis counseling number is 248-5430.

Attention all physicians who attended the Salishan Conference in February: The American Academy of Family Practice Physicians has granted 6 hours of elective continuing medical education credits for attendance.

The Oregon Medical Association Auxiliary is planning a "Day at the Legislature" on Tuesday, March 13, 1979. Senate President Jason Boe will greet the visitors and House Speaker Hardy Myers, Representatives John Kitzhaber, M.D., Nancy Ryles, and Donna Zajonc, R.N., will also make presentations. A luncheon is planned at Illahe Hills Country Club where Governor Victor Atiyeh will speak. Busses will leave from OMSI at 7:45 a.m. and stop at the Tualatin Ramada Inn off I-5 at 8:00 a.m. To make reservations call the OMA, 226-1555.

Where did the emergency department go? Good Samaritan Emergency Department has moved into the hospital's new west wing. The new location allows staff to triage walk-in traffic to emergency or to the primary care clinic on the same floor. The new unit has an open bay layout with stretchers for eight patients, each with overhead surgical lights and cardiac monitoring capability.

UOHSC School of Dentistry can help low income individuals who need false teeth. The dental school is able to charge just $180.00 for a complete exam, diagnosis, X-rays and complete upper and lower dentures, because they do their own lab work and are able to purchase materials more economically than dentists in private practice. Potential patients can call 225-8934 for an initial appointment.

Hoodland Community Clinic in Wemme was dedicated in February after a 10-year long effort to meet the critical need for medical care in the Mt. Hood area. The Clinic offers routine and emergency health care to mountain area residents seven days per week. Physicians from Providence serve on a rotating basis and a full-time nurse staffs the clinic.

The Health Division, State of Oregon, recently organized a 52-member task force to review and revise all rules relating to Oregon's health care facilities (ORS 441.015). The group will try to minimize the number of rules necessary to insure protection of public health and safety, as will also examine the cost impact on health care facilities of any proposed rules.

Do you know of any handicapped children who are not receiving educational services? Child Find is a state-wide campaign sponsored by the State Department of Education and they want to know. They are trying to locate any handicapped children from 0 to 21 years of age who are not receiving an education. For more information, call Mary Ann Stowell, Child Find, at 282-9944 or 1-800-249-7727.

UOHSC dermatologists have traced an unusual foot problem to a chemical in the innersoles of certain athletic shoes. The Journal of the American Medical Association reports that Doctors Janet Roberts and Jon M. Hanifin found that 10 patients with severe foot inflammation on the soles of the feet were found to be acutely sensitive to chemicals used in certina models of Nike athletic shoe innersoles. Work with the shoe company has resulted in a replacement of the chemicals.

Don't forget that AMA Policy requires Physicians to report fully and specifically in their billings: the nature of services provided so that Medicare patients may be properly reimbursed.

HEW recently proposed limiting Medicaid reimbursement for several lab tests to their lowest locally-available prices. This begins the second stage of an anti-inflation initiative which began in July 1978 with new regulations limiting Medicare and Medicaid payments for lab tests and medical equipment to the lowest price that is widely available for the same quality in a particular community. This new proposal adds seven additional lab tests to the initial list of limited payments: 1) Sickling of Red Blood Cells; 2) Hemoglobin, Electrophoresis; 3) Microcopic Exams, Stain for Bacteria (including Smear for Gonococcus), Fungi, Ova and Parasites, Any Source; 4) Heterophil Antibodies, Screening; 5) Lead Blood, Quantitative; 6) Iron, Serum Automated; 7) Pregnancy.

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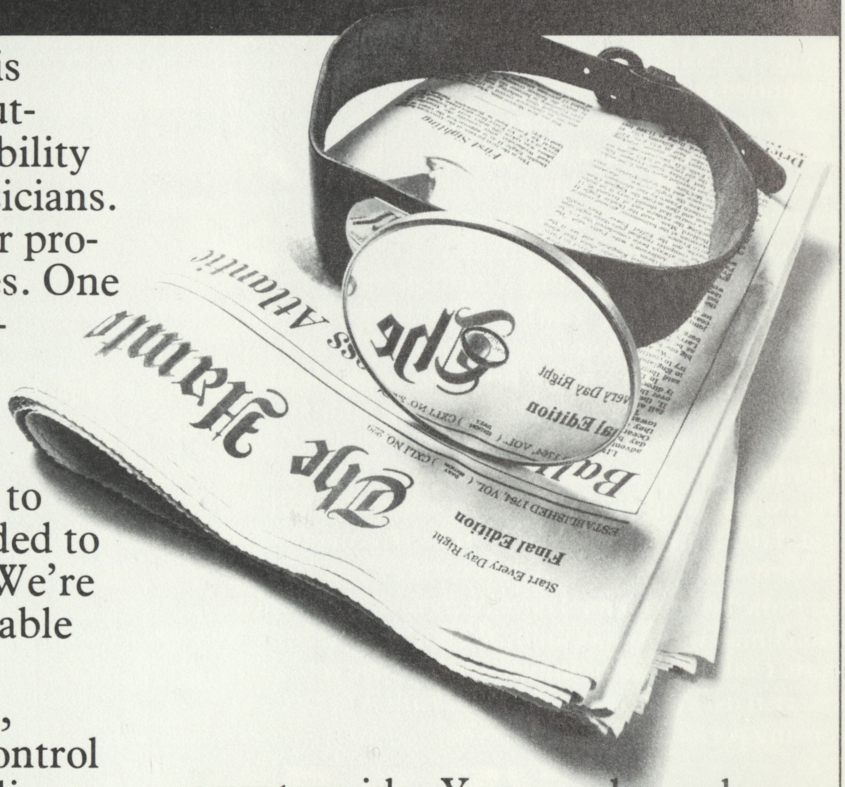

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IN MY OPINION

SUBSPECIALISTS FORGOTTEN

To the Editor:

I noted with great interest the article by Lee Lewis in the November issue on "Medical Manpower in Oregon". While the definition of primary care in the article was specific, such care was limited to the four specialties rather than oriented toward those relevant clinical encounters which are practiced expertly by many specialists.

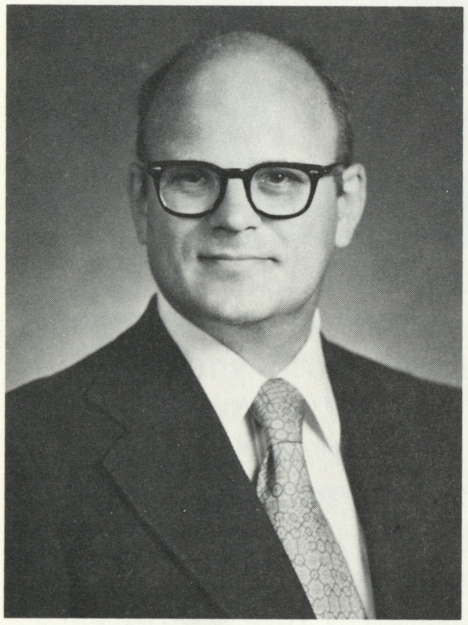
Thus the statement, "In 1977, less than half (47.1%) were in primary care", fails to represent the important, informed contributions to primary care of the internist-subspecialist. In the practice of their own special fields of competence, internist-subspecialists depend on a broad background of in-depth understanding of human illness which is commonly multi-system in scope and requires continuing, comprehensive care. The combined skills of the subspecialist are of particular importance in caring for an aging population where multiple diseases often occur simultaneously in a single patient. In surveys of graduates of four residency training programs in internal medicine, including that on Marquam Hill, and in a larger national study, subspecialists were found to function in at least half of their professional time as primary care physicians. In manpower studies this significant effort must be recognized. Certainly large clinics, health maintenance organizations, medical school clinical faculties, and perceptive patients recognize its excellence and availability.

Any misinterpretation of Dr. Osterud's helpful data by well-intentioned planners could deprive the public of the excellent care by the subspecialist segment of our profession.

John A. Benson, Jr., M.D.

The title of this department — "In my opinion" — is intended to invite free expression of individual thought on just about anything and everything pertaining to the medical profession.

Send letters to: "In my opinion," PORTLAND PHYSICIAN, 2188 S.W. Park Place, Portland, Oregon 97205.



PRESIDENT'S MESSAGE

MAKE YOUR VOICE HEARD

by R. Glenn Snodgrass, M.D.

"HOW CAN DOCTORS INFLUENCE LEGISLATION IN SALEM?" was asked at the recent Multnomah County Winter Conference in Salishan. Representative Gretchen Kafoury responded that the best way to impact was through testimony, personal contact, letters and, in general, letting members of the legislature know that you're really interested in a bill. She pointed out that during the 1977 committee hearings on dentruism, Laetrile, and many other issues, hearing rooms were packed with 200 to 400 senior citizens who had carpooled and bussed to Salem. This massive interest made a significant impression on the legislators.

It seems unreasonable to expect 200 to 400 physicains to take time from their offices to sit in committee hearings, but certainly each of us has access to pen and paper. In my memory, the most intensive writing campaign by physicians came during the 1975 malpractice crunch. Our lawmakers at least were convinced that there was a problem and tried for a compromise solution, even though we did not ultimately accept it because the Supreme Court failed to give its blessing.

This year in Salem the most significant bill I see coming up is one from the Nurses Association which would allow nurse-practitioners to prescribe "drugs" which are defined as anything listed in the US Pharmacopeia, the New Drug Formulary, or otherwise generally accepted as a drug. In other words, anything you can prescribe, they could prescribe. It seems that if one wants to become a physician, it is easier to go to the legislature than to medical school.

The Oregon Medical Association periodically sends out informational bulletins about proposed legislation and in some instances will urge us to write or contact any legislator we may know personally. Four hundred letters may not have the same impact as four hundred citizens in a hearing room, but it sure beats nothing.

If you write or speak to a legislator, you should think very carefully about your approach. Most senators and representatives will react to sarcasm the same way you would. Threats are counter-productive. After all, who cares that you might give $10.00 to an opponent in the next election. I have seen some letters which were so subtle I could not tell how the writer felt and some letters did not in any way identify the bill under discussion. Equally unimpressive is the writer who obviously has not read the bill and has drawn erroneous conclusions.

If you hear of a legislative item which causes you concern, you can get more details and in some instances a copy of the entire bill by calling OMA Headquarters. You can also learn what stand the OMA is taking on these bills. Be assured that physicians as well as OMA staff will be testifying on bills which are significant to us as physicians and to our patients.

Again, I urge you to speak out on issues of importance to our profession. When the OMA calls and asks for your support, get your pen and pencil out immediately, and make your views heard in Salem.

R. G. Snodgrass M.D.

12,000 Expected for 2-Day Health Fair

A one-of-a-kind health fair, FEELIN' GOOD, offering free health screening to Portland-Vancouver area residents, is scheduled for April 4-5 at the Memorial Coliseum.

FEELIN' GOOD is sponsored by KGW-TV and KGW-AM Radio, with Portland Area Hospitals and the YWCA serving as co-sponsors. The Multnomah County Medical Society, as well as several other area medical associations, have endorsed the health fair.

The event itself is a part of a larger health education campaign that will take place prior to and following the fair. Channel 8 is in the process of producing two half-hour public affairs specials on the topic of health to be broadcast in March, as well as health-oriented programming to be carried within regularly scheduled programs like Evening, Newscenter 8 and Open Line.

"This is the first, all-out, on-the-air, stationwide, campaign promoting health care, with the support of the medical community," announced Joan Biggs, KGW-TV public affairs director.

"I am convinced that a community health fair is a way for this station to do something worthwhile for the community. By coupling the station's own resources with those of civic groups, volunteer organizations and health care providers, I believe we have a unique opportunity to provide important health education to the community," added Forset Amsden KGW-TV vice-president and general manager.

FEELIN' GOOD is still looking for health care provider volunteers to help in their health screening stations. Many Portland area opthamologists have already volunteered their services for eye check-ups. In fact, this is the first health fair in the country, according to Biggs, where opthamologists will be eye testing. If you have some time to volunteer, no matter how small, give Joan Biggs or Julie Grecco a call at 226-5014.

The Multnomah County Medical County Auxiliary is also assisting in the coordination of volunteers for the two-day event, and they too are still looking for volunteers. Rosemary Egan is the contact and she can be reached at 4430 SW Council Crest Drive Portland, 97201.

FEELIN' GOOD will include fitness exhibits and demonstrations and a section on non-traditional and holistic exhibits, in addition to health screening.

BAD, BETTER, BEST . . .

Nineteen years ago the Executive Committee and the staff of the Multnomah County Medical Society spent a weekend in February brainstorming about the Society's goals for the coming year, major problems in health care facing physicians, and evaluating the past year's performance.

In February 1979, as an outgrowth of that first weekend and many others that followed, more than 100 doctors and other health care professionals gathered at Salishan on the coast to discuss the quality of health care today. This was the first year the conference was opened to the entire Society membership.

The weekend was filled with discussions on the quality of inpatient and outpatient care and medical education. Obstetrical choices were investigated ranging from the traditional in-hospital delivery by a physician to the non-traditional home delivery by a self-taught midwife. Where we get quality medical care and the various factors which limit access to such care were two areas studied by panel members. The economic limitations to quality care based on welfare statistics, the social, temporal and geographic limitations to quality and its technical limitations rounded out the theme "Bad, Better, Best. . .Can We Maintain Quality in Health Care.

If you missed this year's conference, the following articles will give you a brief look at the weekend highlights.

QUALITY ASSURANCE

"Quality is what results when we know what to do properly," began Ernest H. Price M.D., Past President of MCMS and current Medical Staff President at Providence Medical Center. Outpatient care totals over one billion visits made to the doctor annually. The problem of assessing the quality of this care is difficult to ascertain because many visits are single care with no required follow-up. It is difficult to develop criteria for such evaluation and many times diagnoses are vague and ill-defined. Gathering data for the analysis of outpatient care is expensive and the questions of where information should be gathered, who should do the gathering and who should pay are, all difficult to answer.

The two basic techniques used for collecting the data are from insurance claim forms and a medical audit of records. Insurance forms reveal utilization data only and a medical audit is not only costly but record information is often inadequate. Audits, however, were successfully used in some small group practices, HMOs and institutions. "It must be a goal of the medical profession to develop a system of quality assurance for if it is not done by physicians themselves, it will be done for them by those outside Medicine," concluded Price.

Measuring the quality of inpatient care is an easier task with the help of the Multnomah Foundation for Medical Care, and other peer review groups around the nation. "Quality assessment can be measured retrospectively through medical care evaluation studies or through the accumulation of profiles," said John W. Bussman, M.D., President and Medical Director for the Multnomah Foundation. Bussman explained that concurrent review was more effective and the review program implemented by the Foundation shows that in two years $5.9 million dollars has been saved through improved utilization of facilities and a declining census of hospital use. In the past year the Foundation has dealt with a number of issues including high rates of post operative complications and discrepancies in average length of stays. The hard work of Portland area hospitals and physicians and their cooperation with the Foundation have alleviated many other problems.

Leonard Laster, M.D., president of the University of Oregon Health Sciences Center, said, "The outcome of quality education is the excellent physician; the physician who has the ability to think and reason, act and make decisions, demonstrate feeling and sensitivity, keep current on medical advances and always be willing to cooperate. Physicians must be willing to make a commitment to continue learning; to be "holier than they; to fulfill their potential." Dr. Laster went on to explain his goals for UOHSC including creating a stronger sense of university between the schools; enhancing the foundation of individuality; emphasizing respect for patient care; and continuing the Center's tradition of educational excellence. Laster concluded, "Medicine without humanism is nothing and education without excellence is make-work."

Reactions

Dale Wineberg, President for Teamsters, Local Union #305 and Board member of NOHS and State Health Coordinating Council, and Linda Kaeser, Associate Professor, UOHSC School of Nursing and former administrator of the State Adult & Family Services Division (formerly Welfare Division) served as reactors to the inpatient/outpatient and educational quality assurance panel.

Wineberg emphasized that quality of care is really a matter of patient perception. In his discussions with hundreds of consumers, he has found their biggest complaint to be frustration with doctors and staff who are too busy, abrupt, or not cooperative in handling patient problems. He encouraged physicians to seek training for themselves and their office staff in the art of patient communications.

Kaeser stressed the need to establish a floor for the assurance of quality and the need for excellence in initial medical training and continuing education. She called for greater participation by UOHSC in continuing education.

OBSTETRICAL CARE

"Obstetrical care is rapidly changing due to consumer demands for more information, more participation, and less technical coldness," began John Tarnasky, M.D., MCMS Trustee and Board Certified Obstetrician. Tarnasky pointed out the growing number of alternative birth centers and birthing rooms. He cited three major reasons for the shift to alternative delivery: fear and dissatisfaction with the health care system in general; philosophical differences with hospital birthing; and increased costs. In Oregon alone, there is a ratio of one obstetrician/gynecologist for every 15,000 persons and costs have been on the rise. In 1935 a 14-day stay for delivery and recuperation totaled $49 for hospitalization, while in 1979 a 3-day hospital stay including physician bill totals $1500. Hand in hand with rising costs, however, has been a decline in perinatal mortality rates which are less now than at any other time in history, added Tarnasky.

Duncan R. Neilson, M.D. is a special advisor to the Emanuel Hospital Birthing Unit. He outlined the goal of obstetrical care in assuring potentially pregnant mothers (while not guaranteeing) that they can have a healthy baby. He detailed the history of traditional obstetrical care which began with emphasis on maternal mortality. In the last 20 years the focus has been on fetal/neonatal mortality, where the rate is fast approaching an irreducible minimum. Today attention is on morbidity rates and the quality of developmental potential. Neilson emphasized that events of labor are now more important than the actual birth. Hospitals have greatly increased their labor surveillance of fetal heart rate, blood pressure and contractions to aid in detecting potential problems of development. "Problems that we now face are the rising costs of surveillance, care and facilities; costs for emergencies and environments which alienate patients," concluded Neilson.

Non-Traditional Methods

"The quality of obstetrical care must be based upon all the participants including the mother, clinician, family and even the baby," said Sen Lin, Certified Midwife (CNM) and Assistant Professor of OBGyn at UOHSC for the past year and a half. Lin explained that in Oregon a CNM must be a registered nurse who has received certified training and taken a national exam. CNMs function under Oregon's Nurse Practitioners Act and currently there are 20 practicing in the state, 6 in Multnomah County for the County Health Department and UOHSC. Certified nurse midwives are trained in the management of lower risk patients including neo-, intra- and post-partum care. Training is oriented toward prevention with emphasis on patient education, proper utilization of the health care system, and providing continuity during labor. CNMs often act as a liaison between patients and new doctors who must deliver babies when the regular physician is unable to assist. Lin closed by stressing that the team approach is necessary for economical, quality care.

Providing an entirely different point of view was Hazel Woodward, an emperical Midwife. Emperical means self-governed and self-taught. Woodward has delivered nearly 200 babies and has been present at over 400 births. During her career, Woodward has admitted 21 mothers to the hospital, two with breech babies and four with post-partum complications. She handles pre-natal care at the mothers home where she visits every four weeks throughout the pregnancy until the last month when her visits are every two weeks. Her home visits usually last 30 to 40 minutes and include tests for weight gain, blood pressure, urinalysis, fetal position and fetal heart tones. After

(continued on page 15)

. . .CAN WE MAINTAIN QUALITY HEALTH CARE

Salishan Conference continued .....

Non-Traditional Methods

continued

birth, she spends at least two hours with the mother and checks on her everyday for the next two weeks. A final check is made at 6 weeks. Woodward emphasized that one of the biggest complaints of parents against the traditional approach to obstetrical care is the high number of episiotomies. She does not perform them and her rate of tear is less than 1%. She also argued that hanging plants and wallpaper does not make a birthing room and that it will take a change in attitude by staff and physicians before parents will want to come back into hospitals for birthing.

Reactions

Charles P. Schade, M.D., Acting Medical Director, Multnomah County Department of Human Resources and Robert G. Petersen, P.A.-C., President of the Oregon Society of Physician Assistants reacted to the obstetrical care panel.

Dr. Schade pointed out that there are no adequate studies which compare traditional versus non-traditional obstretical care. He indicated that while home deliveries are more economical, they lack control and their costs are lower because of less surface charges (i.e., lab costs, professional help, rent, etc.). He continued that anecdotal studies, such as those presented by Mrs. Woodward were not scientific, and experience is not a good enough evaluation tool. He urged that time and money be found for such studies.

Mr. Peterson blamed the move toward home births on the dilemma between the search for happiness and rising costs. He said that many malpractice suits are due not to improprieties or mistakes by physicians, but because of a patient's unhappiness with the quality of his or her care.

LIMITATIONS ON PROVIDING QUALITY CARE

Early Sunday morning, discussion centered around the limitations on providing quality medical care. Otto F. Kraushaar, M.D. and Chief Medical Advisor for the Adult and Family Services Division (AFS), State of Oregon, stressed the importance of translating quality care in dollar and cent terms. After practicing for many years as a private obstetrician/gynecologist, his recent association with the welfare program has forced him to look closely at the cost of quality care. He cited major problems within the welfare system including the long delay in handling vouchers; rigid budget restrictions; bureaucratic red tape; federal regulations; statutory limitations; and most important that AFS must act merely as a fiscal agent not involved in quality and utilization. Kraushaar suggested the only way to combat this problem was to expand PSRO criteria in the public sector; establish and accept a program of standards; coding reform; uniform lab fees; prioritize medical procedures; and create task forces from the private and public sectors to take a long-term look at these problems.

"The social function of the medical profession/health care system is to help patients cope with the anxiety and disruption caused by disease. It is the physician's responsibility to provide an explanation of disease and legitimize fears perceived by the patient," stated Mitch Greenlick, PhD, Director of Health Services Research Center, Kaiser-Permanente Medical Care Program. "We need to set objectives for technically treating disease, but we must also take a look at costs versus satisfaction." People are interested in security first and that is why, for example, 911 emergency numbers are so significant. It doesn't really matter if it works; its purpose is to offer security so it is there when you need it.

Dale Reynolds, M.D., member of NOHS (HSA I), State Health Coordinating Council and past-president of MCMS, discussed the technical limitations to quality care. He defined quality as the "degree of excellence and superiority." He pointed out that today we tend to substitute *adequate* for *quality* because adequacy is easier to define. Quality only can be ultimately defined by physicians, but we need input from all participants in the health care process, with physicians taking the lead. "We must be frontrunners in determining quality care and not reactors, and we need to set standards we can work within," said Reynolds. If physicians in Oregon are not careful, state government will soon be defining quality care, as has happened in California. Quantification of quality is difficult and it may be that we need only define what is acceptable or not acceptable, or that which is excellent or not excellent.

(continued on page 16)

Salishan . . .
Reactions

Representative Gretchen Kafoury, Portland area legislator and 1979 Chairperson of the House Committee on Human Resources, and Roderick Bunnell, Senior Vice President and Legal Counsel for OPS Blue Shield responded to the panel discussion. Rep. Kafoury explained the Legislature's position in reacting to taxpayer dissatisfaction. She said that choices are now being prioritized and more government regulation and licensing is unwanted by Oregonians. She urged physicians to communicate directly with legislators and to help author legislation in which they have a stake. She cited her experience last session in development of the denturist bill and the lack of response from dentists. She suggested that even when not supporting legislation, physicians would be wise to be on the groundfloor trying to get the best possible bill drafted.

Rod Bunnell argued that quality is measured in dollars because of our cultural concepts, and that the basic premise of quality is the quantity of medical care our society is willing to pay for. Huge amounts of money are going into health care, resulting in a drain on the economy said Bunnell, "because health care expenditures do not create capital." To prevent such a drain, Bunnell suggested physicians must impose economy and efficiency on the health care system so that it can become affordable. "Physicians must stay involved in the economic decision-making process of this country," urged Bunnell, "so the economic and technical aspects of Medicine can be protected."

TROUBLED PHYSICIANS

The final panel of the conference took a different course and discussed doctors in trouble and the public's right to know. The April issue of the *Portland Physician* is devoted to this topic and will include a review of the panel's presentation.

AMA President Assails NHI Plans

Even with a schedule that has sent him to Austrailia, South Africa, and South America in recent months, Tom E. Nesbitt, M.D., President of the American Medical Association, found time to stop by the Oregon Coast and address the Multnomah County Medical Society's 19th Winter Conference. Dr. Nesbitt addressed proposed national health insurance plans and their effect on the quality of health care in the U.S. He emphasized the relationship between resource quantity and resource quality. "The balance," he said, "is very delicate and NHI necessarily restricts resources which will result in a system of rationing." He went on to say that increasing quality and delivery while maximizing quantity and reducing costs, such as the plans suggested by Carter and Kennedy, just won't work. Dr. Nesbitt cited four major shortcomings of national health insurance: 1) Cutbacks in medical education dollars; 2) Cutbacks in research and dollars; 3) Reduction of physician motivation; and 4) the general deterioration of the health care system as a whole. He pointed out the recent Australian government move to renounce government-controlled health care as too expensive, as an example.

"Rising costs are the number one issue of the decade and the only solutions that will curb this inflation are raising the cost-consciousness of consumers, labor, and Congress, as well as a voluntary cost containment program by the medical sector, such as the successful hospital program," Nesbitt concluded.

Just what do you get for your AMA dues?

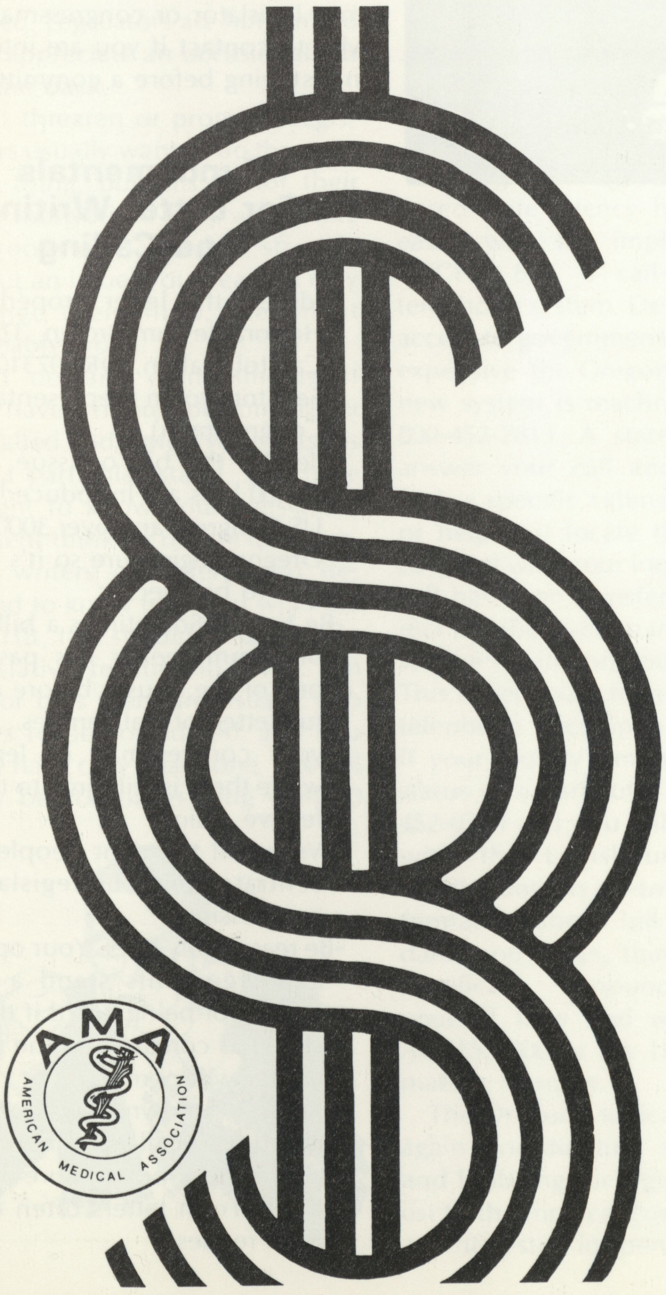
You get a package of personal and professional benefits and services that are the most extensive of any professional organization.

You get group insurance programs that provide coverage at far lower costs than individual coverage. They include: Group Life Insurance, Excess Major Medical, Disability Income Insurance, Supplemental "In Hospital" Insurance, Accidental Death and Dismemberment Plan, and Office Overhead Insurance.

You get publications to keep you abreast of medical and health developments: *JAMA, American Medical News,* and one of nine specialty journals.

There's the AMA Members Retirement Plan. Professional practice management information and guides. Authoritative legal information. Continuing medical education. The nation's largest physician placement service. The research resources of one of the nation's greatest medical libraries.

These are just a few of the broad range of benefits you get for your dues. Even more important, you get a strong and effective spokesman to represent you, your interests, and your views.



Join us.
We can do much more together.

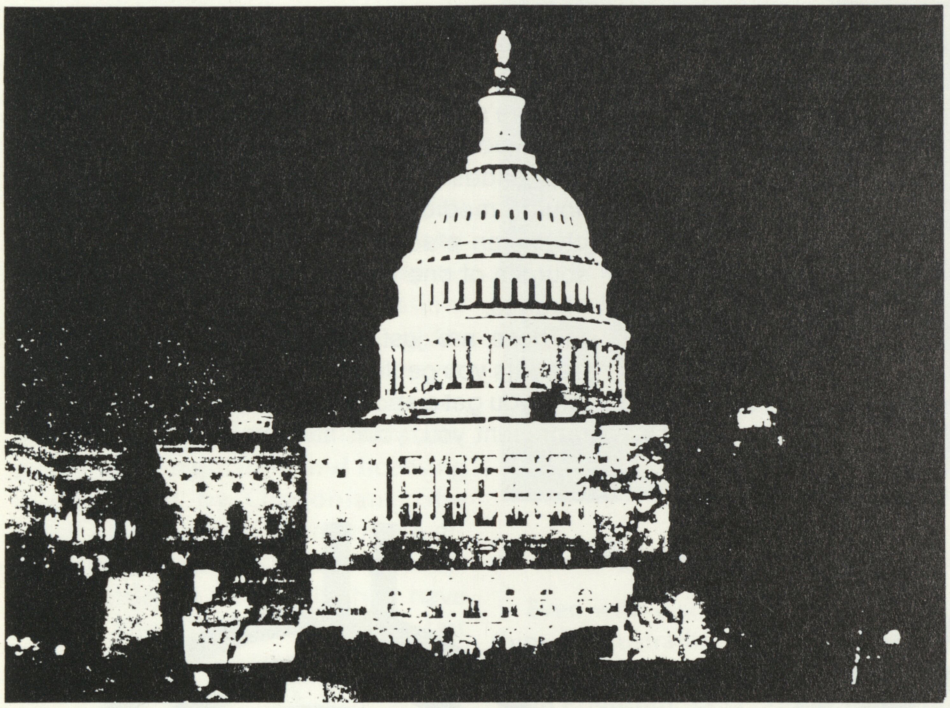
Dept. of Membership Development
American Medical Association
535 N. Dearborn St./Chicago, IL 60610

Please send me more information on the AMA and AMA membership.

Name _____

Address _____

City/State/Zip _____



Communicating With Your Legislators: Tips for Improving Your Effectiveness

From time to time throughout the coming year newspaper articles or television coverage of legislative events in Salem or congressional decisions in Washington may cause a variety of reactions from members of the medical community. Whatever the response to these coming events, it is important to remember in a representative form of government, legislators need to know what their constituents are thinking. To help you communicate your thoughts more effectively, the Portland Physician offers these tips on writing letters and making personal calls to your legislator or congressman, plus who to contact if you are interested in testifying before a committee.

Fundamentals For Letter Writing And Calling

-Address the letter properly: The Honorable Sam Brown, 371 State Capitol, Salem, OR, 97310, Dear Senator Brown (Representative or Congressman).

-Identify the bill or issue. About 20,000 bills are introduced in the US Congress and over 3000 in the Oregon Legislature so it's important to be specific.

-Be timely. Sometimes a bill is out of committee or has passed in one of the houses before a helpful letter or call arrives. Inform your congressman or legislator while there is still time to take effective action.

-Write/call the right people. Concentrate on your legislator or congressman.

-Be reasonably brief. Your opinions and arguments stand a better chance of being heard if they are stated as concisely as the subject matter will permit.

-Express your own views. A personal letter or call is far better than a form letter or signature on a petition. Form letters often receive form replies.

-Give your reasons. Statements like "Vote against HB 100; I'm bitterly opposed" don't help much. But a letter or even a call which says "I'm a doctor and HB 100 will put me out of business for the following reasons . . ." tells a lot more. Provide facts.

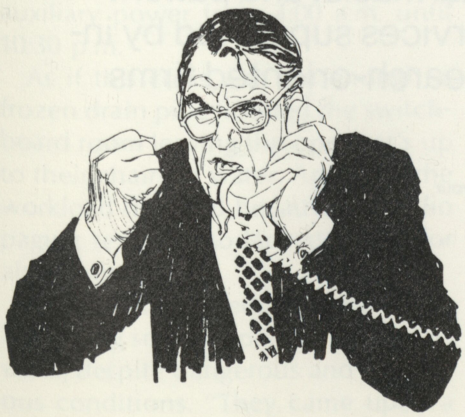
-Be constructive. If a bill deals with a problem you admit exists but you believe the bill is the wrong approach, tell what you think is the right approach is. If you have expert knowledge, share it.

-Say "Well Done". Don't hesitate to say "well done" when it is deserved. Legislators are human too and appreciate an occasional pat on the back.

-Don't threaten or promise. Legislators usually want to do the popular thing, but this is not their only motivation. They would like to know why you feel strongly about an issue. Your reasons may change their mind; the threat probably won't.

-Don't demand commitments. If you have written a personal letter or called and stated your reasons for a particular stand, you have a right to know your legislator's present thinking on the question. But writers or callers who demand to know how you will vote on HB 100 should bear certain legislative realities in mind. On major bills there are usually two sides to be considered, and you may have only heard one. The bill may be 100 pages long with 20 provisions in addition to the one you discussed, and your legislator may be forced to vote on the bill as a whole, weighing the good with the bad. A bill rarely becomes law in the same form as introduced. It is possible that the bill you're interested in may not even be the same bill when it reaches the floor and your original position may have changed.

-Your legislator or congressman needs your help in casting votes for issues that affect us all. The "ballot box" is not far away. It is painted blue and it reads "U.S. Mail," or it's black and has a dial. Use it.



NEW TOLL FREE NUMBERS

Calling your legislator or a Salem-based state agency has been made easier with the implementation of ACCESS 800, a call-back, toll-free telephone system. Designed to make access to government simple and inexpensive for Oregon residents, the new system is reached by calling 1-800-452-7813. A state operator will answer your call and connect you with a specific extension, individual, or help you locate the agency that can deal with your inquiry. After your call has been transferred to the correct number, your name and number will be taken and your call returned. This is necessary to keep the toll-free telephone lines open for more calls. If your inquiry simply relates to the status of a particular bill, dial 1-800-452-0290 and you will be in contact with the Legislature's computer which contains up-to-the-minute information about bill status, hearing dates and times, third readings and significant announcements. Save yourself time and money and use ACCESS 800 or the Legislative Information Number.

The Oregon Medical Association is again coordinating the monitoring and lobbying for legislation of interest to the medical community. If you are interested in spending some time in Salem, as a visitor, or because of expertise or interest in specific legislation, contact Barney Speight or Shirley Sproles at the OMA, 226-1555. While arrangements for expert testimony are generally made through the various specialty organizations, the OMA also keeps a file of those physicians who are willing to offer their time and expertise.

Accept no substitute for your professional judgment

As a physician, you have the right to prescribe the drug which you believe will most benefit your patients. Now, substitution laws make it more difficult to exercise that right. In many states, unless you specifically direct pharmacists to dispense your brand-name prescription as written, they may be required by law to substitute another drug for your brand-name prescription.

This means that the ultimate drug selection is no longer yours; its source is left to the pharmacist's discretion. You will have forfeited your right to prescribe as you see fit. Preserve your rights. Specify that you will accept no substitution.

When you accept no substitutes...

- You ensure that your patient receives exactly that product you have specified on your prescription
- You choose the quality of the product dispensed to your patient
- You can exercise the right to select a product based upon its proven therapeutic performance and to select a manufacturer that stands behind its brand name or generic product
- You can support the kinds of research programs that are vital to new drug discovery and development
- You can help sustain important physician, pharmacist and patient education services supported by innovative, research-oriented firms

For complete information on the drug substitution law effective in your state, please consult your local Pfizer Representative.

Pfizer PHARMACEUTICALS

PHYSICIAN'S ANSWERING SERVICE:

The show must go on . . .

DATELINE: January 10, 1979

CONDITIONS: Outside – The ground was glistening white, the trees shimmered in their coat of crystal-like ice, the sky was filled with the silent sound of falling snow-flakes and the beauty was breathtaking. Inside – the lights went out, the heat stopped, the ticking of the clocks stilled and the phones were ringing off the hook.

That was the scene at Physicians' Answering Service (PAS) after a major snow and ice storm settled on Portland's doorstep in January. But like the Post Office, the Answering Service performs through wind, snow, sleet, or hail, and even ice, helping people in need.

Thanks to the farsighted Board of Trustees who originated the installation of an emergency generator that provided light and power in the switchboard room when the lights went out, the night operator quickly pulled the emergency power switch and the Answering Service was on auxiliary power from 4:00 a.m. until 10:30 p.m.

As if this crisis was not enough, a frozen drain pipe flooded the switchboard room leaving the operator's up to their chairs in water. And then the workload doubled because the radio paging service also lacked power for almost two days.

True to their pledge, every single answering service operator made it to work, despite dangerous and hazardous conditions. "They came upon a moment's notice, some without being called," said Dorothy Price, PAS Supervisor. "They came on foot, scaling the steep hills that lead to the office, without thought to personal safety, and in some cases in the wee hours of the morning." "One operator," added Pauline Ketchum, PAS Training Supervisor, "was in a collision but came to work anyway." Or-

Orchids are in order for the doctors who came into their offices and answered phones when office staff could not make it. And roses to the many understanding doctors who called the Service and offered their assistance . . . it would take at least three months training, but it was the thought that counted.

With nine switchboards flashing before them – likened only to the night lights of Las Vegas – PAS operators had to give priority to emergency calls. It was a difficult responsibility to make on-the-spot decisions between emergency and non-emergency situations, but once these decisions were made, the operators quickly determined what to do and where to call.

The ticket count shows that 2000 calls were recorded that day, while thousands upon thousands of calls were handled verbally and didn't require a written message.

The Answering Service made every effort to help all those patients, who called in, so Doctors, next time you call in to check on messages, don't forget the extra effort these operators provided during the storms and remember to say **THANKS!**

BELIEVE IT OR NOT, PATIENTS SAID. . .

. . ."If the office is closed, does that mean no one is there?"

. . ."Are you positive?"

. . ."Why are you at work, if they are closed?"

. . ."Is the office closed because of the ice?"

. . ."Why is my doctor's office not answering, is he on vacation?"

. . ."Are you alive or is this just a recording?"

. . ."Is this my doctor's day off?"

. . ."I'm stuck in the mountains and I must have my birth control pills!"

. . ."Is this room 348 at St. Vincent?"

. . ."The office recording says closed till Tuesday; does that mean this Tuesday or next?"

. . .Etc, etc. etc.

National Council Wants To Hear Your Opinion

"Everyone wants my time," you say, "and, besides, what's National Council?" *You're right* – everyone does want your time. But, members of your local peer group can work for you in National Council.

Again you ask, "What is National Council?" National Council, or more formally, the National Professional Standards Review Council, was established in the Social Security Amendments of 1972 primarily to review the performance of Professional Standards Review Organizations (PSROs) and to advise the Secretary of Health, Education & Welfare (HEW) on policies affecting the PSRO program and Medicare/Medicaid issues. These responsibilities have involved reviewing criteria developed by local PSROs, the development of national guidelines (i.e., "Unnecessary" surgery criteria) and providing information to the Medicare/Medicaid program.

The National Council is composed of eleven physicians chosen to serve upon recommendation of national health care and consumer groups. They are representatives of the nation's physicians.

You are well represented on the National Council; two-members are practicing physicians in Multnomah County, Dr. Robert Hare and Dr. John Bussman, National Council Chairman. This is the first time that any PSRO has been recognized in this fashion and this is particularly advantageous to YOU!

The National Professional Standards Review Council is your pipeline, so to speak, to governmental agencies debating the future utilization of federal health care resources. Your opinions and ideas can affect, or as recent history has shown, modify governmental health care guidelines. This was clearly demonstrated when the Department of Health, Education & Welfare (DHEW) withdrew Transmittal 48 after strong protest by Multnomah Foundation for Medical Care (MFMC), the Multnomah County PSRO.

Transmittal 48 set benefit and coverage guidelines for medical necessity and appropriateness of care determinations for federally insured patients. The original transmittal disallowed continued certification at the acute level for the patient needing an Intermediate Care Facility (ICF) bed which was not immediately available. DHEW agreed to rewrite the transmittal to allow continued certification for a patient awaiting a bed at *any* lesser level of care, not just a skilled level of care. The revised transmittal also maintained that such decisions were vested, by PSRO legislation, with local physicians and not with the national bureaucracy.

During his three years with the National Council, Dr. Robert Hare has observed a change in the concentration of Council activities. "Its first efforts were directed toward the devel-

opment of the PSRO program, a sizable achievement. Subsequent years involved daily 'housekeeping' items (i.e., operations reports). The National Council had become a medium for announcing DHEW policies. These years were disappointing, at times; the Council often dealt with items to which they could contribute little."

Dr. Hare continued, "There seems to be a gradual change. The National Council now represents the most direct funneling of input from the profession to DHEW and other governmental offices." Attendance at the meetings usually involves two to four hundred persons, representing various branches of governmental and national health organizations. Its main focus involves policy development and more discussion of philosophical issues. Council energies are centered on a valid assessment of the PSRO program – its role in assuring quality health care and more appropriate use of health care resources.

Dr. John Bussman, Council Chairman, emphasized, "Even through its 'growing pains', the National Council has maintained a quality-oriented focus in a time when cost issues seemed to remain in the forefront."

Subcommittees of the Council have been appointed by Dr. Bussman to deal with the issues of Council input to the annual evaluation of PSROs, relations with the Office of Program Integrity (concerned with fraud and abuse, such as the "Medicaid Mills" in large metropolitan areas) with the medical profession's and the Council's foremost concern, the issue of confidentiality of PSRO data.

Multnomah Foundation for Medical Care members and other health care professionals should express ideas and concerns to Dr. Hare and Dr. Bussman, your "pipeline" to those debating the issues directly affecting the health care system.

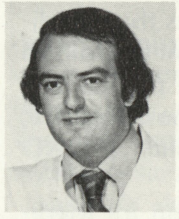
Eleven Apply for Society Membership

The following physicians have applied for membership in the Multnomah County Medical Society. In accordance with the Society's bylaws, this constitutes first publication. Applicants will be eligible for membership only upon completion of all other bylaw requirements.

For Active Membership

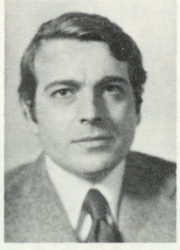
CRANER, Gregory E. Penny
GE* Oregon '71
1217 E Burnside #701
Gresham 97030 661-2000
4004 NE 131st Pl
97230 254-2905

SPONSORS: Doctors John M. Custis and Darrell Lockwood



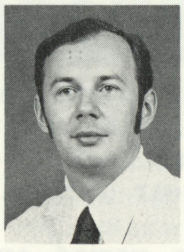
MEURER, Joseph P., Jr.
Shirley
OPH Oregon '74
200 SW Market Street
97201 223-8147
7345 SW 26th 246-0376

Dr. Meurer is an Affiliate Member of MCMS.



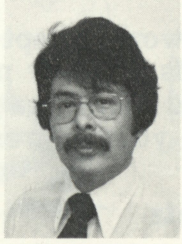
ORDONEZ, Julio A. Susana
NS Argentina '71
10502 NE Wasco 252-1427
97220
3259 SE Fifth 665-7541
Gresham 97030

SPONSORS: Doctors James W. Cruickshank and Geraldine G. Price



SLASKI, Andrew J. Kerstin
PD Lodz, Poland '63
13375 SW Violet Ct
Beaverton 97005 646-6071

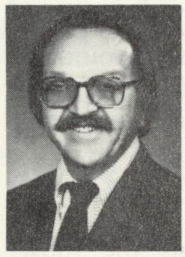
SPONSORS: Doctors William Snook and Paolo C. Giacomeni



WANTOCH, Peter J. Patricia
R McGill '69
10300 NE Hancock 255-1313
97220
9355 SW Aspen 297-6248
Beaverton 97005

SPONSORS: Doctors Raymond F. Friedman and James Whiting

For Associate Membership



ELY, Neal E.
P Washington '58
426 SW Stark Street
97204 221-2583
2175 SW 84th 297-3929
97225

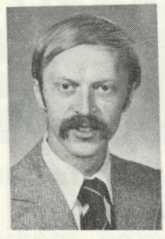
SPONSORS: Doctors Rogers J. Smith and David A. Turner

IRELAND, Karen Richard
PATH*(A*&C*) Oregon '73
3181 SW Sam Jackson Pk Rd
97201 225-8273
1331 SW Hume Ct 246-9708
97219

SPONSORS: Doctors William M. Petty and Joseph B. Trainer

VELLIOS, Frank Maria
PATH* WN., St. Louis '46
3181 SW Sam Jackson Pk Rd
97201 225-8275
2409 SW Talbot Pl 241-7290
97201

SPONSORS: Doctors Vinton D. Sneeden and William M. Petty



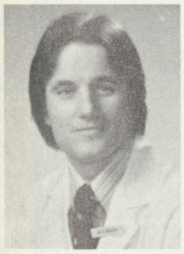
WEGHORST, George R.
Sabra
OBG* Texas '72
18345 SW Alexander
Aloha 97005 642-2528
15720 NW Norwich
Beaverton 97005 645-7207

Dr. Weghorst is an Active Member of MCMS.

For Affiliate Membership

ERDE, Karen M.
FP (Resident) SUNY '76
3181 SW Sam Jackson Pk Rd 97201 225-8573
2454 NW Overton 97210 227-2187

SPONSORS: Doctors Laurel G. Case and William A. Fisher



MATHESON, Robert T.
Pamela
D*(Resident) Utah '73
3181 SW Sam Jackson Pk Rd 97201 225-8597
5045 SW 26th Pl 97201 244-0271

SPONSORS: Doctors Gregory Roduner and Peter E. Goodkin

1978 Medicine In Review Part I

Preventive medicine moved to the front of the American health care scene in 1978. Public leaders everywhere were talking about the need for programs aimed at preventing disease, in addition to caring for the sick.

Few agreed on a definition of preventive medicine. Many said that it means immunizations, regular vigorous exercise, keeping weight down to normal, no smoking, a sensible diet, proper rest and recreation. Mostly these involve decisions on life style that are the prerogative of the individual rather than his doctor.

There were indications that at least some of the people were doing at least some of these good things. Deaths from heart disease continued to drop, probably reflecting the adoption of life habits to reduce risk on the part of many Americans. Many Americans still smoked, but many were quitting. Setting an example for their patients, doctors surveyed at mid-year said that only 18 per cent of the medical profession continues to use tobacco.

Along with a new emphasis on preventive medicine came a growing interest in environmental medicine – the things in the environment that may cause disease. Many substances were implicated as possibly causing cancer. Nitrite in food was a late candidate. Emphasis was on disease-causing substances in the work place, the air, the home and on the grocery shelf. There was a tendency to lose sight of life. For instance, the single major cause of skin cancer is sunlight. And sexual intercourse is the single major cause of cancer of the cervix.

In 1978 came the test tube baby, the still unsubstantiated claim of a baby born by cloning, and further bits and pieces of new data in cancer, diabetes and other common ills. Obesity, its health hazards, and what to do to lose weight continued to demand a great deal of time in the health care sector.

In the socio-economic areas of medicine, concern over rising costs of care continued to dominate discussion and debate. The Voluntary Effort to contain cost escalation in hospitals by the American Medical Association, the American Hospital Association, and the Federation of American Hospitals was beginning to take effect. The rate of increase dropped substantially in 1978. But government planners continued to advocate mandatory controls on reimbursement for health care services.

Late in the year both President Carter and Senator Kennedy presented national health insurance plans. The President proposed the gradual phasing in of a plan built largely on the present private system. Kennedy proposed a sweeping program of government regulation of health care. Both plans will be debated again in 1979.

Attempts to bring more minority students into medical schools received a temporary setback when the Supreme Court ruled in the Baake case that schools could not set quotas for minority enrollees. Most schools did not set quotes anyway, and the effort to enlist more potential black doctors continued.

Next Month: Highlights

A new plain language booklet explains what Medicare does and doesn't cover. The Health Insurance Institute has made available a new book, "Retirement Health Insurance Booklet" which provides tips on buying and using supplementary health insurance, plus a section of answers to questions often asked by the elderly about Medicare and supplementary insurance. Single copies are available, free: Health Insurance Institute, Department RH, 1850 K Street NW, Washington, D.C., 20006.

A Blue Cross-Blue Shield of NY study suggests it pays patients planning operations to seek second opinions. In 1500 cases where a "second opinion" was made by a physician, after the first doctor recommended surgery, one in four ear nose and throat cases were advised not to proceed with the planned operation. In 383 obstetrical-gynecological cases, three in ten patients were advised against previously scheduled surgery. Blue Cross-Blue Shield estimated it saved $700,000 in surgical payments on this study based on an estimated $1500 per operation.

The New England Journal of Medicine recently published a comprehensive survey, of all studies from the past 25 years, comparing health-care costs for HMO members vs. similar groups who paid for health services the traditional way (payment to doctors and hospitals plus insurance premiums, with insurance benefits offsetting many of these expenses). The study's conclusion: HMO families saved from 10% to 40% over what non-members paid for the health care services.

Have a drug product problem? The Drug Product Problem Reporting Program has a toll-free telephone service for reporting drug problems. Recently two tablets packaged inside a single tablet unit-dose packet casued confusion regarding the dose. Four reports to DPPR resulted in the identification of faulty packaging and a recall by the manufacturer. If you've discovered a problem call: 1-800-638-6725.

Blue Cross and Blue Shield will phase out payment for certain routine diagnostic tests for non-surgical hospital patients unless specifically ordered by a physician. The most common of the tests include blood amylase, certain skin tests, gastric analyses and many hormonal tests.

A special report on Inside Our Hospitals and Why $1 Out of $11 Goes for Health can be found in the March 5 issue of U.S. News and World Report. The report discusses profits, planning, quality, the hospital lobby and provides a pictogram of spending trends. Don't miss it.

A major expansion of continuing medical education programming was approved by the AMA Board of Trustees. The new project will develop an extensive "Library" of multi-medial programs designed for self-instruction or for instruction of small groups of physicians. It will include self-assessment and evaluation procedures.

"The Healthy Approach to Slimming," is a new pamphlet published by the AMA, which answers questions about correct weight and offers suggestions on how to deal with calories and diet planning. If you think your patients could use this informative booklet, copies are available from the AMA, PO Box 821, Monroe, Wisconsin, 53566. There is a charge.

Portland has been selected as one of 10 cities to receive a US Department of Labor grant to train 450 handicapped persons with the cooperation of business and industry. The program, known as Projects with Industry, is an expansion of existing Goodwill service.

Mark your calendars for April 4 and 5. FEELIN' GOOD, the 2-day health fair sponsored by KGW-TV and Radio, the Portland area hospitals and the YWCA, is still looking for volunteers to man screening stations. The health fair is endorsed by the Medical Society, and the Auxiliary is also providing volunteers.

MULTNOMAH COUNTY MEDICAL SOCIETY CALENDAR

March 5 .....Peer Review Commission, 6:15 pm Social, 6:45 pm dinner

March 6.....Public Health Commission, 12:15 Lunch

March 7 .....Executive Committee, 6:00 pm Social, 6:45 pm Dinner

March 8.....Jail Health Committee, 6:15 pm Social, 6:30 pm Dinner

March 9.....Committee on Regional Blood, 12:15 Lunch

March 10.....OMA Board of Trustees

March 13.....Alcohol & Drug Abuse Committee, 6:30 pm Dinner

March 14.....Board of Trustees, 6:00 pm Social, 7:00 pm Dinner

March 16-25.....MCMS Annual Spring Conference, Maui,Hawaii

CALENDAR OF EVENTS: Send information for this, or the Medical Community Calendar to PORTLAND PHYSICIAN, 2188 SW Park Place, Portland,Or.,97205. All MCMS sponsored events are open to any member. Meetings are held at MCMS headquarters, 2188 SW Park Place, unless otherwise noted. Attendance at meetings of a peer review or confidential nature is at the discretion of the Chairperson. For more information, call 222-9977.

NAMES IN THE NEWS:

ROBERT W. BLAKELY, M.D., professor and director of speech pathology and audiology, Crippled Children's Division, University of Oregon Health Sciences Center has been appointed to the Professional Services Board of the American Speech and Hearing Association.

RANSON JAMES ARTHUR, M.D., has been named dean of the University of Oregon Health Sciences Center School of Medicine. Dr.Arthur is currently serving as associate dean for curricular and student affairs at the School of Medicine, University of California at Los Angeles. He begins duties in Oregon on July 1.

DALE REYNOLDS,M.D., was selected by the MCMS Executive Committee as the nominee for the NOHS Forest E.Rieke Achievement Award in Community Health Planning at its March Meeting.

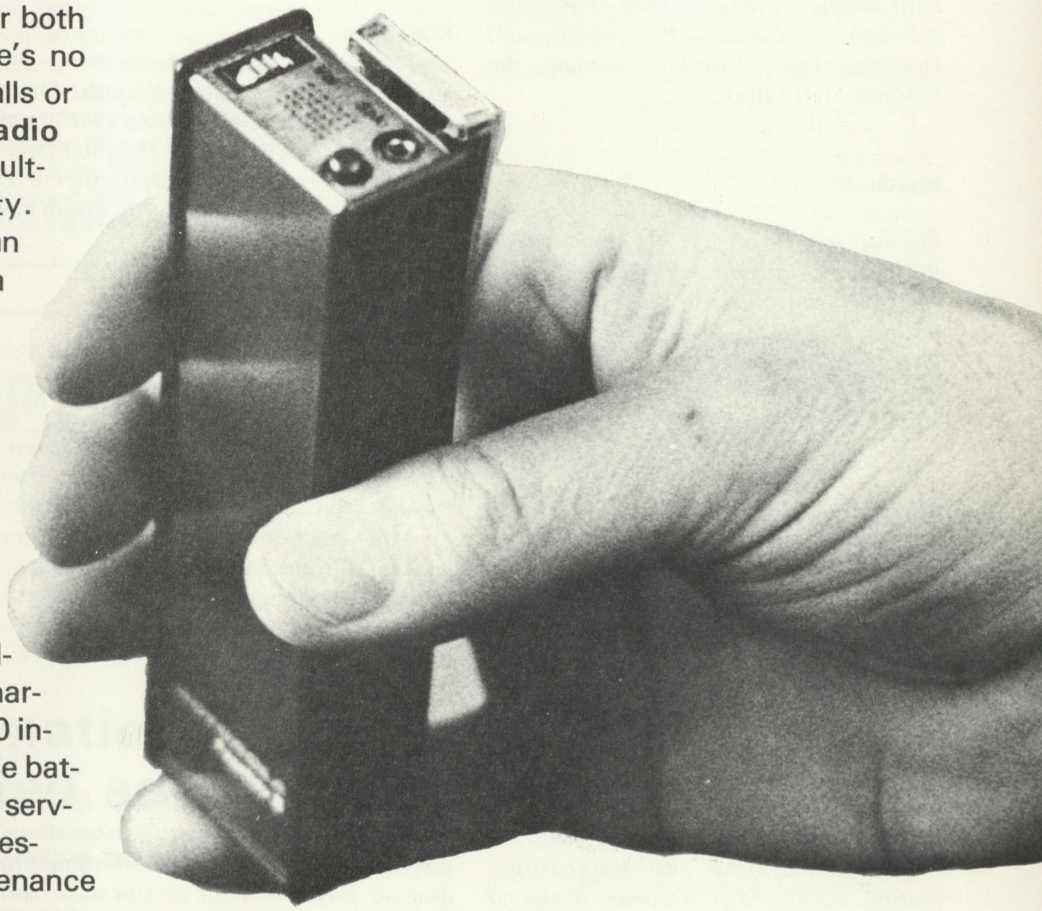
JOHN BUSSMAN, M.D., was recently elected as a member of the American Heart Association Board of Directors. Dr. Bussman has been a Heart volunteer since 1954.

C.H.HAGMEIER, M.D., was recently elected President of the Rotary Club of Portland,Oregon.

KENNETH SWAN,M.D., recently retired chairman of opthamology, UOHSC, will receive the Aubrey R. Watzek Pioneer Award from Lewis and Clark College, on March 6. The award honors Oregonians who have been pioneers in their chosen fields.

to stay in touch anywhere in the city

When you're "on call," but away from your home or office, it's difficult for both you and your patients. Now, there's no reason for you to miss important calls or to "check in," thanks to the **Radio Paging Service** offered by your Multnomah County Medical Society. Wherever you are in the City, you can be reached. We provide you a Motorola "Pageboy II" receiver. When you're on call, your calls are rerouted to our dispatcher. We page you. You hear an alert, which only your pager receives. You immediately get your live voice message.



The service is limited to members of the Multnomah County Medical Society, on a non-profit, cost-sharing basis. The monthly rate of $25.00 includes use of the pager, rechargeable battery and charger, plus 24-hour a day service with no limit on the number of messages. The $25 fee covers the maintenance of your pager, except for physical damage.

Order yours now.

Radio Paging Service

MULTNOMAH COUNTY MEDICAL SOCIETY
2188 S.W. Park Place, Portland, Oregon

Phone 222-9977

MEDICAL COMMUNITY CALENDAR

March 5-18

Network for Continuing Medical Education Video Cassettes: "Decubitus Ulcers – Identifying Patients At Risk"; "Back Pain – A Conservative Treatment Program"; "Diagnostic Ultrasound – The Lower Abdomen & Pelvis in Non-Pregnant Women". May be seen at Portland Adventist, Physicians & Surgeons, and Holladay Park Hospitals, contact the Medical Staff Office.

March 7

Providence Medical Center Grand Rounds: "Frontiers of Clinical Rheumatology – New Diseases and New Tests", Rodney Bluestone, M.B., M.R.C.P., Chief, Rheumatology Section, Wadsworth V.A. Hospital, Prof. of Medicine, UCLA. 8:00 a.m., Auditorium, Providence Hall.

March 8

UOHSC Pediatric Grand Rounds: "A New Congenital Myopathy", Blaine Tolby, M.D., Fellow in Medical Genetics. 8:00 am, University Hospital South, Room 8B-60. Details? 225-8194.

March 8 & 15

Providence Medical Center Internal Medicine Review: Rheumatology, Martha Regan, M.D. Courses designed prepare physicians for certification and serve as comprehensive general review. 6:00 p.m., Room 25, Providence Hall. (Phone: 234-8211, ext. 532)

March 14

Providence Medical Center Grand Rounds: "The Cause of Death and the Death Certificate", Paul W. Kohnen, M.D., Providence Medical Staff. 8:00 a.m., Room 25, Providence Hall.

March 14

UOHSC Continuing Medical Education Program: Office Management of Hypertension. Sheraton-Portland Hotel, Lloyd Center. Co-sponsor: Penwalt Prescription Products.

March 15

UOHSC Pediatric Grand Rounds: "Let's Keep the Bite in the Two-year Old", Don Porter, D.D.S., Director of Hospital Dental Service, Professor of Pedodontics. 8:00 am, University Hospital South, Room 8B-60. Details? 225-8194.

March 19-April 1

Network for Continuing Medical Education Video Cassettes: "Alcoholism – A Chronic Treatable Disease;" "The Insensitive Diabetic Foot – Before and After Breakdown;" "Dermatologic Techniques for Your Practice;" and "The Emergency Use of CT Scans for Intracranial Trauma." May be seen at Portland Adventist, Physicians & Surgeons, and Holladay Park hospitals, contact the Medical Staff Office.

March 22 & 29

Providence Medical Center Internal Medicine Review: Gastroenterology, Ronald Katon, M.D. Courses designed to prepare physicians for certification and serve as comprehensive general review. 6:00 pm, Room 25, Providence Hall. (234-8211, ext. 532).

March 22

UOHSC Pediatric Grand Rounds: "Pediatric Rheumatology Today", Beverly Wittkopp, Clinical Instructor in Pediatrics. 8:00 am, University Hospital South, Room 8B-60. Details? 225-8194.

March 27

Portland Clinic Medical Information Series for patients of the Clinic and their friends. "Nutrition and Dieting" at the Clinic, 800 SW 13th Avenue. 8:00 p.m.

March 28

Providence Medical Center Grand Rounds: "What Internists Need to Know About Pacemakers", Rodney L. Crislip, M. D., Providence Medical Staff. 8:00 a.m., Room 25, Providence Hall.

March 29

UOHSC Pediatric Grand Rounds: "WHAT IS THE INTERNATIONAL YEAR OF THE CHILD? Who is going to Speak up for the Children?", Panel discussion with John DiLiberti, MD, Edward Hendricks, M.D., Tom Olson, M.D., and Bob Mendelson, M.D. 8:00 am, University Hospital South, Room 8B-60. Details? 225-8194.

March 30-31 & April 1

UOHSC Continuing Medical Education Program: Endocrinology, Salishan Lodge, Gleneden Beach.

April 5, 12, 19

Providence Medical Center Internal Medicine Review: Hematology, Gordon Doty, M.D. Courses designed to prepare physicians for certification and serve as comprehensive general review. 6:00 pm, Room 25, Providence Hall. (234-8211, ext. 532)

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