PORTLAND PHYSICIAN
OCTOBER 1979

MCMS on the *M*ove

Ethical Practices

Business & Professional Services

Commissions & Committees

Community Relations

Before prescribing, please consult complete product information, a summary of which follows:

Indications and Usage: For the treatment of urinary tract infections due to susceptible strains of the following organisms: *Escherichia coli, Klebsiella-Enterobacter, Proteus mirabilis, Proteus vulgaris, Proteus morganii.* It is recommended that initial episodes of uncomplicated urinary tract infections be treated with a single effective antibacterial agent rather than the combination. *Note:* The increasing frequency of resistant organisms limits the usefulness of all antibacterials, especially in these urinary tract infections.

For acute otitis media in children due to susceptible strains of *Haemophilus influenzae* or *Streptococcus pneumoniae* when in physician's judgment it offers an advantage over other antimicrobials. Limited clinical information presently available on effectiveness of treatment of otitis media with Bactrim when infection is due to ampicillin-resistant *Haemophilus influenzae*. To date, there are limited data on the safety of repeated use of Bactrim in children under two years of age. Bactrim is not indicated for prophylactic or prolonged administration in otitis media at any age.

Also for the treatment of documented *Pneumocystis carinii* pneumonitis. To date, this drug has been tested only in patients 9 months to 16 years of age who were immunosuppressed by cancer therapy.

Contraindications: Hypersensitivity to trimethoprim or sulfonamides; pregnancy; nursing mothers; infants less than two months of age.

Warnings: BACTRIM SHOULD NOT BE USED TO TREAT STREPTOCOCCAL PHARYNGITIS. Clinical studies show that patients with group A β-hemolytic streptococcal tonsillopharyngitis have higher incidence of bacteriologic failure when treated with Bactrim than do those treated with penicillin. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted.

Precautions: Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemolysis, frequently dose-related, may occur. During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and renal function tests, particularly where there is impaired renal function.

Adverse Reactions: All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. *Blood dyscrasias:* Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura; hypoprothrombinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for infants less than two months of age.

URINARY TRACT INFECTIONS IN ADULTS AND CHILDREN AND ACUTE OTITIS MEDIA IN CHILDREN:

Adults: Usual adult dosage for urinary tract infections—1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

Children: Recommended dosage for children with urinary tract infections or acute otitis media—8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. A guide follows:

Children two months of age or older:

Weight		Dose—every 12 hours	
lbs	kgs	Teaspoonfuls	Tablets
20	9	1 teasp. (5 ml)	½ tablet
40	18	2 teasp. (10 ml)	1 tablet
60	27	3 teasp. (15 ml)	1½ tablets
80	36	4 teasp. (20 ml)	2 tablets or 1 DS tablet

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	½ the usual regimen
Below 15	Use not recommended

PNEUMOCYSTIS CARINII PNEUMONITIS: Recommended dosage: 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

Supplied: *Double Strength (DS) tablets,* each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100; Prescription Paks of 20. *Tablets,* each containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40, available singly and in trays of 10. *Oral suspension,* containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole, fruit-licorice flavored—bottles of 16 oz (1 pint).

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Just one tablet b.i.d. for 10 to 14 days

*Due to susceptible organisms

PORTLAND PHYSICIAN

OFFICIAL PUBLICATION • MULTNOMAH COUNTY MEDICAL SOCIETY

2188 SW PARK PLACE • PORTLAND • OREGON 97205 • 222-9977

A MONTHLY PUBLICATION FOR MORE THAN 2000 OREGON PHYSICIANS

VOL. XXXIV **No. 10**

Contents

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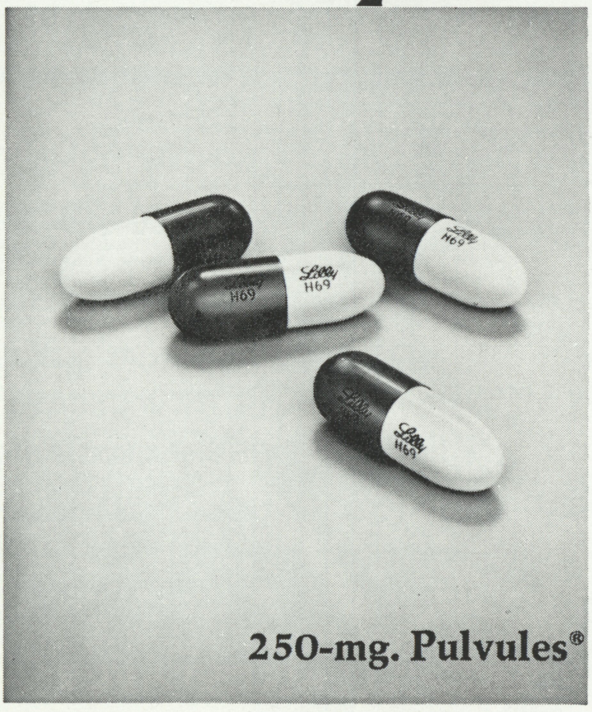

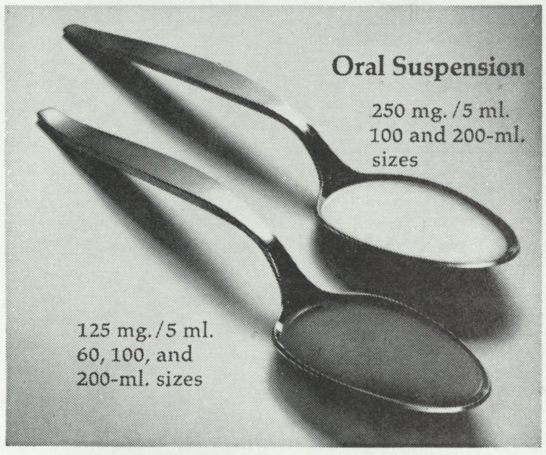

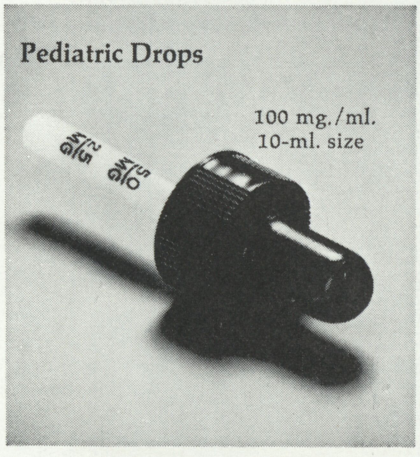

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IN MY OPINION

Bravos for Mini-Internship

August 8, 1979

To the Editor:

On Tuesday, July 31, I had the privilege of participating in your mini-intern program which allows lay people the opportunity to spend a day observing physicians and surgeons as they practice their art.

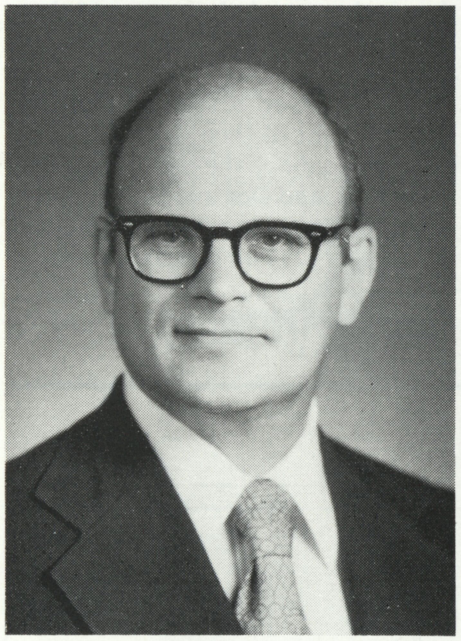
My morning was spent with Dr. Gary Rothenberger in surgery at Providence Hospital and the afternoon with Dr. Ernest Price as he worked with his patients of all ages and backgrounds. I also had the opportunity to visit with their colleagues and other health care professionals.

Your program is very worthwhile for lay people. It was very helpful for me to be exposed to the very decent, humane and conscientous people who are devoted to their patients. In addition, I was pleased at their openness in discussing health issues. I believe that we must continue to have such frank conversations if we are to resolve the various health issues that confront us.

I was also impressed with the high drama that is a daily feature of these practitioners' lives. While each success may not make headlines, to the patient involved it is often the most critical event of their lives.

I want to thank the Medical Society in general, and Doctors Rothenberger and Price in particular, for allowing me to have this unique experience.

Donald E. Clark
County Executive



Still on the Move . . .

by R. Glenn Snodgrass, M.D.

In addition to the professional, business and community services Multnomah County Medical Society provides, there are many, many dedicated, hardworking members who voluntarily serve on our various committees and commissions. The long hours, evenings and weekends these physicians commit toward improving the practice of Medicine should not be overlooked.

Each year a new president tries to select committee members whose interests and commitment to the issues will be reflected in the committee or commission he or she is selected to serve on. As you read through this issue, it is easy to see that in years past, Presidents have been wise in selecting people who are farsighted, creative and decisive. So far this year, MCMS committees have continued in this tradition. I'd like to use this forum to let you know what your committees are doing right now, and encourage you to get involved in the coming year.

The Judicial and Business Commission has spent much time and effort in reviewing current MCMS policy and bylaws and recently presented recommendations to the Board of Trustees for changes. You have recently received letters which outline the proposed amendments, and I urge you to read them carefully and call me, any member of the Board of Trustees, or our Exeuctive Director if you have questions or comments.

The Emergency Medical Services Committee has worked closely with the county, Board of Medical Examiners and UOHSC to develop criteria for EMT training and to standardize treatment procedures in emergencies.

On the other hand, the Disaster Medical Care Committee is identifying the roles physicians must play in disasters and coordinating physician services with other local agencies.

Recently the Alcohol and Drug Abuse Committee developed a program which will be making the rounds this fall at hospital staff meetings. Several committee members will make presentations about alcoholism symptoms, diagnosis, treatment and even information about the alcoholic physician.

The Jail Health Committee continues to act as a liaison among health care providers to assure ongoing medical care for Multnomah County's inmate population.

The Committee on Sports Medicine is active with emergency medical technicians in covering Portland Interscholastic League High School football games.

The Society has many other committees that are playing an active role in influencing medicine. We also have a full time staff which includes an Executive Director, Associate Director, Communications Director and Administrative Assistant who are responsive to any questions you might have about society business, legislation, pressing issues, problems, etc.

I urge you to get involved, ask to serve on a committee, get to know the MCMS officers and trustees, acquaint yourself with the staff. As this Portland Physician so aptly states, MCMS is still on the move. Why not take an active role in the future of Medicine in the 1980s?

R. Glenn Snodgrass M.D.

The Physician-Patient Privilege

by Thomas J. Barnett III

Recently, a member, of Multnomah County Medical Society was served with a subpoena duces tecum ordering him to appear at an attorney's office with his patient's medical records. The attorney who subpoenaed the records was representing the patient's former wife in an action to modify court awarded alimony from the wife to the patient. On our advice, the physician did not comply with the subpoena because we felt the patient's records were privileged.

The area of the law surrounding physician-patient privilege is more complex than most physicians and attorneys assume. In this article, I will try to clarify what the law is in Oregon as it pertains to the physician and other members of the physician's staff.

Oregon law provides:

A regular physician or surgeon shall not, without the consent of his patient, be examined in a civil action, suit or proceeding, as to any information acquired in attending the patient, which is necessary to enable him to prescribe or act for the patient. ORS 44.040(1)(d).

Regular physicians or surgeons include persons with M.D. degrees licensed to practice medicine and psychiatry. The Oregon Courts have not had an opportunity to determine if osteopaths, chiropractors, or other persons in the healing arts who are not physicians are covered under the statute.

Assistants and technicians, such as x-ray operators, laboratory personnel and others assisting the examining physician in diagnosis or treatment would probably be covered by the privilege though this has not been expressly determined in Oregon.

The privilege includes a physician's examination as well as laboratory tests and x-ray pictures and any oral, written or other communications intended to convey information. The physician's records are protected by the privilege.

Exceptions to the Privilege

The privilege does not apply to criminal cases. Nor does it apply when a physician, having reasonable cause to suspect that a person before him for examination, care or treatment, was injured by a knife, gun, pistol or other deadly weapon, other than by accidental means. In this circumstance, the physician is required to make an immediate oral report, followed by a prompt written report, to the appropriate medical investigator. ORS 146.710-146.780.

Another major exception involves medical reports in personal injury cases. In 1973, the Oregon legislature enacted a statute which provides that in any civil action in which a claim is made for damages or injuries, the Court may order the claimant to submit to a physical or mental examination; that the party to the action who caused the examination to be made, must deliver a copy of the written report of the examining physician to any other party; and that the plaintiff shall deliver a copy of any written reports of any examinations relating to injuries to the defendant. It should be noted that if a detailed medical report is furnished pursuant to requests, the medical records would remain privileged.

Consent to testimony by the physician or his records may be given by contractual stipulation between the patient and another party. This often appears in insurance policies. A patient may also waive the privilege giving a consent to the physician to release his records.

As a practical matter, in most cases, the patient will be represented by an attorney and will furnish the physician or surgeon with a written and signed consent to release medical information. Many, if not all, of the physicians feel that it is not their duty to solicit consent from their patient. It is a matter of good office practice to always require a written consent which should be kept in the plaintiff's file.

In the case where the issue of privilege arose recently, the patient was not represented by an attorney. The physician was careful in noting that the legal preceedings did not involve a personal injury claim being made by his patient, and hence the major exception to the privilege was inapplicable.

Licensed Professional Nurse Privilege

There is a separate statutory provi-

Continued on Page 20

In Summary

OFFICIAL PUBLICATION OF THE MULTNOMAH COUNTY MEDICAL SOCIETY OCTOBER 1979

Note from the President: Don't forget to bill your patients a single usual and customary fee, regardless of whether there is a third party carrier involved. RGS

Donations are coming in for the E.C. Brown Foundation's new film on Childbirth. Don't forget to make your check out and send it in to MCMS offices as soon as possible. As you know, the Society has committed $10,000 to this effort.

The Judicial and Business Commission and the Board of Trustees have been working on by laws revisions. A mailing to the entire Society membership on October 3, explains the proposed changes. If you have any questions or comments, don't forget to call Gary Whelan (222-9977) or a Trustee before the October 22 Board meeting.

Dale Reynolds, M.D., has been nominated by the Board of Trustees for the Doctor-Citizen of the Year Award presented annually by the Oregon Medical Association. Last year's award went to another MCMS member, Ralph Crawshaw, M.D.

The Emergency Medical Services Committee has been working with regional representatives to develop protocols of treatment for emergency services. Joseph Vander Veer, M.D., Chairman, presented the final protocols to the Trustees meeting in September and they were approved.

The School Health Committee is publishing a monthly newsletter for primary grade teachers in the Portland School District which provides health tips. Called "good health", the newsletter is written each month by a different committee member. The Committee has also been working closely with the Public Relations and Public Policy Commission to update the Speaker's Bureau.

Washington State pharmacists cannot legally fill prescriptions for controlled substances unless the pharmacist is licensed in Washington. The Washington Board of Pharmacy has reminded pharmacists of this long standing statute which until recently had not been enforced. Oregon physicians who regularly treat Washington residents should advise their patients of this rule and/or have their Washington medical license number noted on prescription pads.

Get your palette out today...The OMA invites physicians and their families to submit Hangable art work for inclusion in the Annual Scientific Session and Fall Meeting of the House of Delegates. Accepted artwork will adorn the hallways of the OMA Building during this event. For more information call 226-1555.

Outside-In is a community based aid station which helps the low-income community in Portland and Multnomah County. Their programs include a counseling center, pregnancy testing and counseling, crisis intervention and even medical clinics. They do maintain a list of physicians who will accept low-income patients, so if you are willing to be placed on their list (which is confidential and only used for referrals), please contact Peggy Thomson, 223-4121.

RESOLVE is an organization that offers counseling, referral and support for infertile men and women. They meet on a bimonthly basis and also provide telephone counseling. If you are interested in knowing more about the group or wish to refer patients, please contact Chris Korten, 653-2015 or Melanie Ryan, 644-4867.

Providence Hospital has reactivated its Cost Containment Committee. The 15-member committee represents all major cost centers and departments of the hospital. Their prime responsibility is to investigate hospital costs and suggest alternatives that will reduce expenses while maintaining high quality patient care. Originators of new ideas that are adopted will receive a monetary reward of a least $25 or 2 percent of the hospital's savings up to a maximum of $500.

Remind your children (ages 5-18) that the Auxiliary card contest continues until November 12. We need an original design depicting the "Holiday Season." Entries must be submitted on white paper, using black felt tip pens ONLY. Each applicant is asked to include name, address, telephone and grade info on a separate sheet of paper and mail entries, unfolded, to Vivian Holden, 11945 SW Lynnfield Lane, Portland,OR 97225. If you clip and mail the coupon below by November 26, together with your check (tax deductible)you will accomplish the following: 1) Extending your personal group holiday greetings with your name appearing on a special insert list; 2) Providing money for the education and research funds at the medical school of your choice.

Enclosed is my AMA/ERF contribution:

( ) $100
( ) $ 50
( ) $ 25
( ) $ 15
( ) $___

My gift is designated for:

( ) Student Loan Guarantee Fund
( ) Medical Schools (all)
( ) _____Medical School

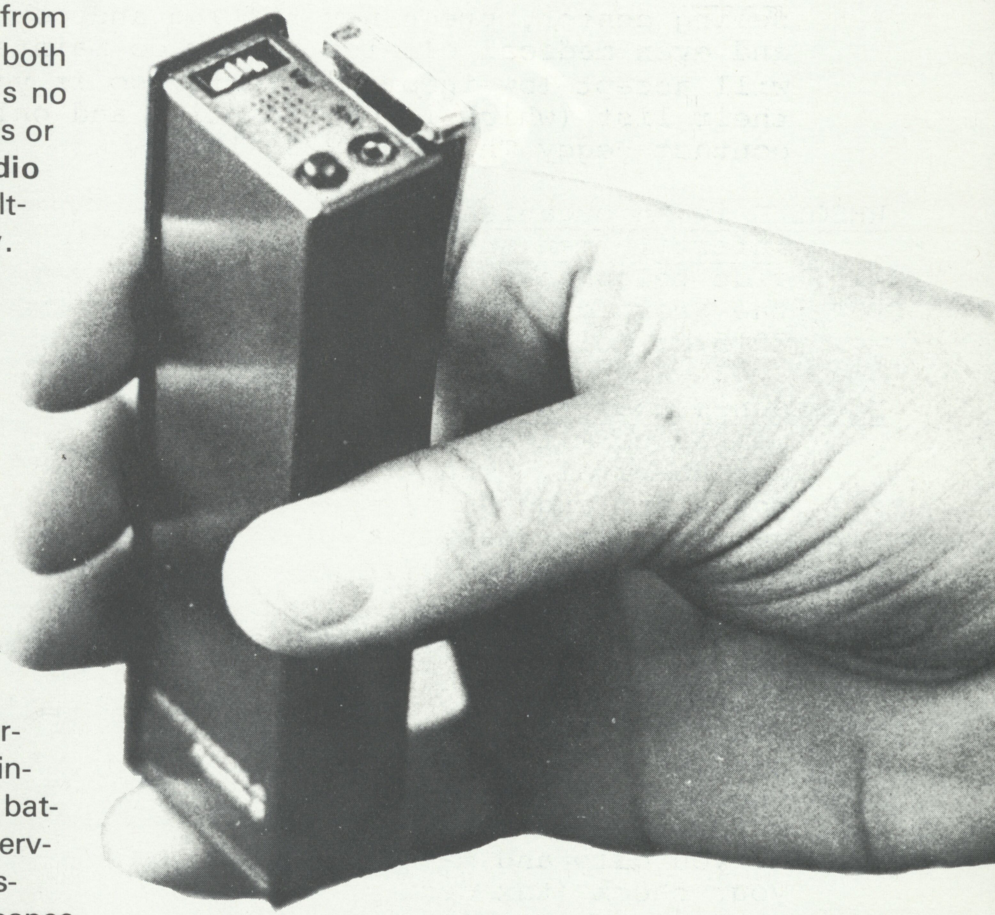
Please return by November 26 to Pat Rullman, 8160 SW Valley View Drive, Portland 97225. For further information call 292-1603.

Names, first and last should be printed on Christmas Card Insert List as follows:

_____(e.g. Tom and Mary Jones)

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

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Phone 222-9977

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- ☑ Full-time Service
- ☑ Qualified Applicants
- ☑ References Checked

Margaret Fay
Patricia Spray

222-9977

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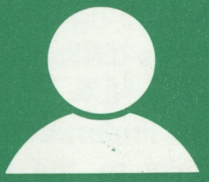


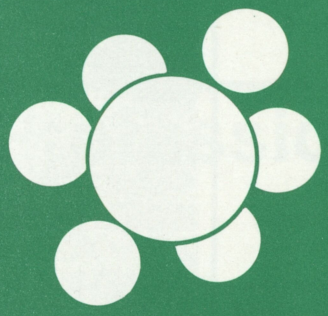
TODAY...

MCMS is going exciting places and doing innovative things and it's all because of the support and leadership of its members. The stories and pictures that complete this issue of Portland Physician will tell a little of where we've been, what we're doing now, and what's in store for the future.

Because MCMS is the largest medical society in Oregon it has a **major** responsibility for shaping Medicine in the 1980s. The services offered to MCMS members range from the answering service and radio paging to its leadership roles in the Oregon Medical Association and American Medical Association, from printing announcements and insurance forms to the intricacies of the Joint Medical-Legal Committee and Joint Physician-Hospital Committees, from office staff placement to health planning.

Take a moment to find out what your medical society is doing for you. Then take a moment to ask yourself what you're doing for your Medical Society. Without your personal input, without your personal support, MCMS cannot possibly represent the best interest of Medicine.

MCMS on



AND TOMORROW

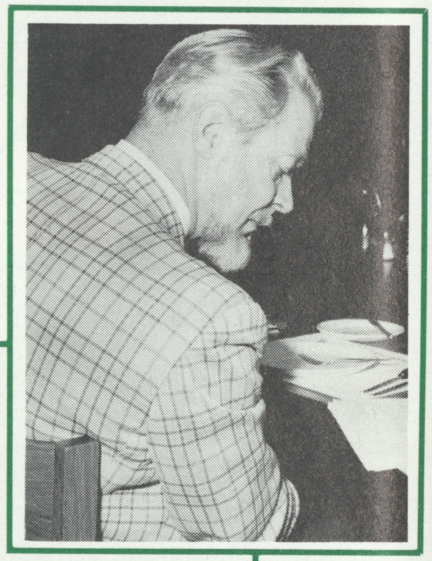
Just what is on the horizon for MCMS in 1980? The Executive Committee met last spring and identified some of the pressing issues facing Medicine in Portland: Hospitals expanding into outpatient care; the growing number of physicians entering practice in Multnomah County; the attempts by some to practice Medicine beyond their skill and training; the poor public image of physicians and the health care system; the role of a county medical society and the needs of its members.

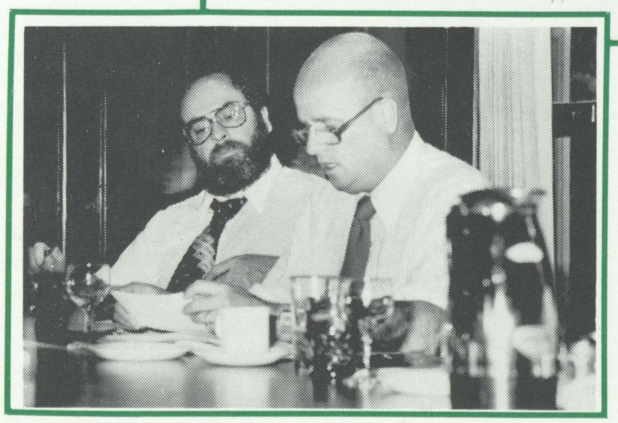
These questions and problems are being addressed right now, and plans are being implemented to combat the problems and answer the questions. It is only with a unified voice that physicians can make the changes necessary to preserve their rights and those of their patients. ACTIVE membership in Multnomah County Medical Society should be the number one priority on the "to do" list of every Multnomah County physician.

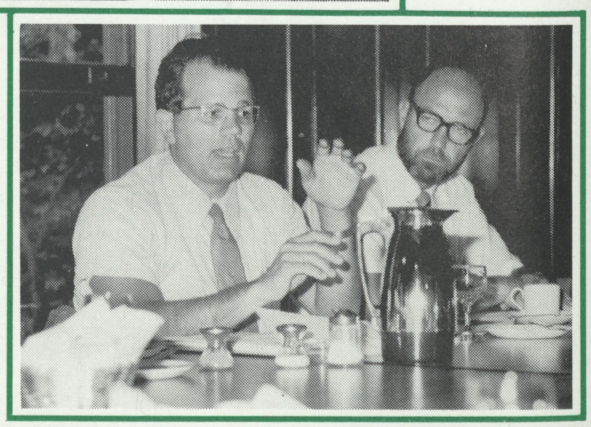
MCMS IS ON THE MOVE NOW. GET INVOLVED, MAKE THINGS HAPPEN. BE ON THE MOVE WITH MCMS.

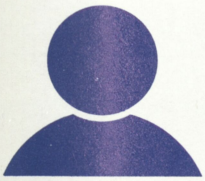
the *Move*

MCMS on the *Move*









Professional Services

In the winter of 1977-78 bold headlines on the front pages of the Oregonian and Oregon Journal declared that Portland area physicians were defrauding state welfare treasuries by overcharging for abortions. Your Medical Society reacted swiftly and decisively. The allegations were assigned to a subcommittee of the Peer Review Commission for their investigation. The accused physicians were brought together and one legal counsel was settled upon to represent their best interest. One physician was selected from the group to serve as official spokesman. The Medical Society also worked with Adult and Family Services Division (Welfare) to hold off all press releases until MCMS had reviewed them for accuracy. Ongoing meetings were set up between all parties involved to explain allegations, AFS investigations and MCMS subcommittee investigations. The Peer Review Commission ultimately determined that overpayments for claims had been made, and with the cooperation of the physicians and AFS a repayment plan was worked out and a joint press release was made which absolved the doctors from the allegations of fraud.

In 1977 Northwest Oregon Health Systems drew up a 600+ page health plan that impacted greatly on the private practicing physician and the future of Medicine. MCMS leadership immediately appointed an ad hoc committee to review and respond to the plan. Our response was critical and termed the plan unacceptable. Some of the criticism dealt with obvious omissions including cost containment, and the lack of a plan of action for implementing the proposals. The efforts of the Medical Society helped to establish physician involvement in the health planning process for the 1980s.

Realizing that the health planning process encompassed more than Multnomah County and the greater Portland area, MCMS set up a health planning committee composed of physicians from a six county area. MCMS Component Health Planning Committee today reviews NOHS plans and programs, takes a look at the actions of the State Health Planning and Development Agency and the State Health Coordinating Council and works with Technical Advisory Panels and Subarea Councils. Right now, MCMS physicians are involved in health planning not only locally, but also at the State and regional levels. It is critical that physicians remain an integral part of the health planning process if we are to be a part of health care's future. MCMS met the challenge head on and made the voice of physicians heard.

These are but two examples of the professional services that YOUR medical society provides. As a united voice for the medical profession, MCMS aids its members in resolving the political, ethical, social and ecoomic questions and considerations which face doctors in our changing world. The Board of Trustees, staff and special committees and commissions provide answers to members' questions about business and ethical practices, proposed laws or regulations, medical/legal dilemas, and hospital/physician relationships. The Society also recognizes the physical and emotional difficulties physicians must sometimes overcome, and lends its active support to

Your Medical Review Committee serves as a liaison with patients, physicians and insurance carriers They investigate complaints about utilization of services, determine usual, customary and reasonable fee ranges for given procedures among other duties. They do not engage in disciplinary efforts, but serve as consultants to provide solutions. The Society also helps members resolve differences with their patients (as noted before in the section on Community Services) through the Grievance Committee process.

Portland Physician Magazine provides local and national information about current issues affecting Medicine and our annual photo roster assists members in referring patients to colleagues.

Many times each day, the Medical Society Executive Committee, Public Relations and Public Policy Commission and staff serve as spokesmen for the entire profession to the press, public officials, community organizations and others.

The New Physicians in Practice Committee provides advice and special services to those doctors establishing a practice. And, Society staff and members provide training seminars for medical assistants and professional seminars for members. Each winter the Salishan Conference provides a forum to discuss sociopolitical topics and the Hawaii conference in March gives members the opportunity to present scientific papers.

These are just highlights of MCMS professional services. A quick call to the Society offices, 222-9977, can answer questions about other questions you might have.

MCMS on

Community Relations

Multnomah County Medical Society is the catalyst which brings together the special needs of people in the community and the special talents of physicians. The hundreds of community services MCMS provides on a daily basis may often go unnoticed, but nevertheless they are important to the health and welfare of all county residents.

Tel-Med is a public service program sponsored by MCMS and OPS/Blue Shield giving your patients free access to health and medical information on more than 250 subjects. An advisory committee of MCMS members reviews all tapes and writes new ones each year. The program is now in its fifth year and has received more than a half million calls.

Every day new families are moving into the metropolitan area and they seek the services of the phone company, utilities, grocery store, mail service and most important, a family physician. The MCMS Physician Referral Service helps more than 2000 patients each month find a doctor.

In the Spring of 1979, the School Health Committee surveyed 100 Portland Schools to find out if physician speakers were needed in classrooms. Eighty-seven schools responded a resounding yes. Society staff are now updating our speaker lists and schools are already scheduling physician speakers for the rest of the 1979-80 academic year.

In this best of all possible worlds, patient grievances are still a reality. Nearly 500 complaints against physicians are received by MCMS staff each year. Of those only about 75 cannot be resolved informally and are referred to the MCMS Grievance Committee. That committee, comprised of MCMS physician members, investigates these complaints with

the Move

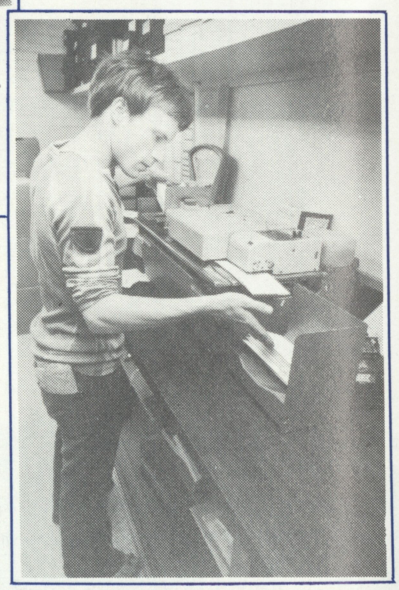
the doctor and patient and nearly always is successful in resolving the grievance. All investigations are confidential, by Society policy and Oregon Statutes.

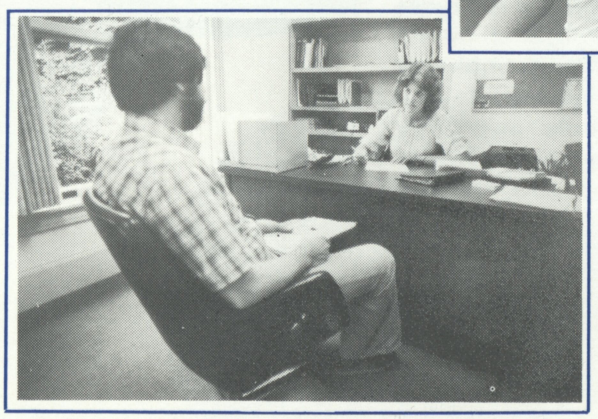
Physicians from MCMS voluntarily staff the Salvation Army Clinic, advise the board of Medical Examiners and UOHSC about the training and certification of emergency medical technicians, assist the Regional Blood Center in achieving its community blood goals and work with community correction facilities to upgrade all phases of inmate health care.

The Multnomah County Medical Auxiliary originated the volunteer school health nurse program, and annually they give money and unused drugs donated by physicians offices to a variety of clinics. MCMA also voluntarily staffs the Geriatric Clinic and other free clinics.

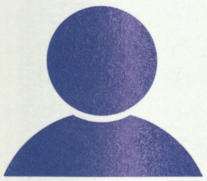
One of the most unique programs MCMS has created is our Mini-Internship. The program provides opinion leaders and opinion makers (government officials, journalists, health planners, labor representatives, HSA Board members, third party payors, government lobbyists, electronic media) an opportunity to experience some small portion of the humane practice of Medicine. The Society's aim with the mini-internship has been to increase the humanity and sensitivity of those individuals concerned with health policy in our community. Reactions from participants in the internship range from awe at the workload to deep respect for the consideration shown to individual patients. It also provides a one-on-one dialogue between the non-medical person and the physician regarding issues, policies, attitudes and programs.

These are just a few examples of how our members, individually and collectively, voluntarily provide a multitude of professional services to the public.





MCMS on the *Move*



Business Services

"It's 9:30 pm, my daughter just fell out a second story window and she's lying unconscious on the front lawn. How can I get in touch with my doctor?"

"I'm a new doctor in town. How do I let my colleagues know that I'm in business?"

"My office receptionist just walked out. Where can I find someone else for tommorow?"

These are just three of the many typical calls received by MCMS staff at the Medical Society each day. In an emergency, the Physicians Answering Service can track down a subscribing doctor immediately. The Print Shop can design, print, stuff envelopes, address and mail practice announcements to doctors in the Tri-County area, as well as the entire state. Our Placement Service can find you a qualified replacement, efficiently and for a reasonable fee.

Multnomah County Medical Society offers a wide variety of business services to the private practicing physician. Our scope is constantly expanding based on the needs of our members. Because the Society is committed to providing high quality business services to its members, our costs to you are substantially less than similar charges of our competitors.

PHYSICIAN ANSWERING SERVICE

Formerly Doctor's Official Telephone Exchange, the Answering Service provides 24-hour a day coverage for answering calls, taking messages and finding doctors. During snowstorms, power outages, rain, sleet, hail and even hurricanes, your operators cover the "phones" while you're away. This is a service for medical doctors only.

PRINTING SERVICE

MCMS Print Shop offers a full-range of printing services including layout and design, printing, collating, binding, folding and mailing. They print prescription pads, stationary, note pads, insurance forms, patient information forms, business and appointment cards, announcements and anything else your practice might need. Quick copy services are available for those times when you need things in a hurry — the Xerox 9200 is one of the most modern copying machines available today.

PLACEMENT SERVICE

Two placement counselors save you time and money by screening applicants for you first. Daily they interview nurses, physician assistants, receptionists, insurance clerks, secretaries, medical assistants and bookkeepers. They check references and place applicants in your practice with the skills your office needs.

RADIO PAGING SERVICE

When you're on call, but away from your home and office, Radio Paging can make sure you don't miss that important message. Their "selective" voice messages keep you in touch with your patients and colleagues 24 hours a day no matter where you are in the city.

DOCTORS OFFICIAL SERVICE BUREAU

Doctors Official Service Bureau is a collection agency endorsed by Multnomah County Medical Society which adheres to the ethical practices accepted by MCMS and the American Medical Association. It has an excellent collection record which is periodically reviewed by its physician Board of Directors.

HOUSE CALLS, INC.

Endorsed by MCMS House Calls is an after hours patient coverage service providing ambulatory care. A House Calls Advisory Committee comprised of MCMS members oversees the practices of House Calls.

LEGAL COUNSEL

Continued from Page 7

sion pertaining to the privilege of a licensed professional nurse and her patient:

> *A licensed professional nurse shall not, without the consent of a patient who was cared for by such nurse, be examined in a civil action, suit or proceeding, as to any information acquired in caring for the patient, which was necessary to enable the nurse to care for the patient. ORS 44.040(1)(g).*

On its face, this statute would appear to apply to RN's only, and not to licensed practical nurses (LPN's). This statute has not been construed by our Courts. It is likely that should this statute come before the courts, it could well be held to apply to LPNs also and hence LPNs should assert the privilege should they be subpoened.

What You Should Do if You or Your Staff is Asked to Provide Medical Information or Records Formally or by Subpoena.

First, if your patient is represented by an attorney, have a member of your office staff contact your patient's attorney and request a signed authorization by the patient. If your patient is not represented by an attorney, you will have to ascertain the type of judicial proceeding in which your patient is involved. If it is neither a criminal nor a personal injury case, and you have no written consent from the patient, contact the attorney requesting the information and ask for a specific authority for waiver of the privilege and check with your own attorney to see if that authority in fact allows or requires you to provide the information requested. Your entire staff should be informed of this procedure in case the subpoena is directed to them.

Mr. Barnett is a partner in the law firm, Hermann & Smith, legal counsel for Multnomah County Medical Society. He received an A.B. Degree from Dartmouth College in 1965, and M.B.A. from University of Santa Clara in 1968, and a J.D. Degree from Northwestern University School of Law, Chicago in 1969. He is a member of the Oregon State Bar and licensed to practice in California and Oregon.

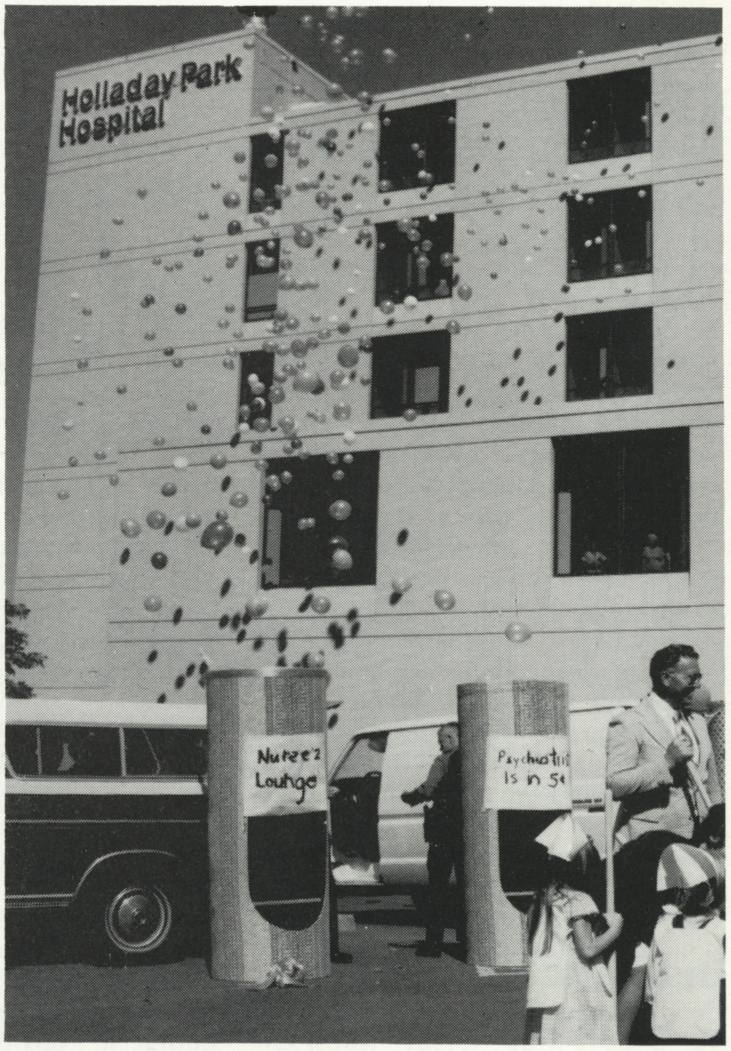
Holladay Park Breaks New Ground

Golden shovels, bright colored balloons and bubbling champagne helped kick off Holladay Park's newest addition, the Neuro-Psychiatric Center. Members of the hospital staff and other dignitaries, including State Treasurer Clay Myers, had a hand or shovel that is, in the ground breaking events.

The hospitals new wing will include beds for acute, semi-acute and geriatric psychiatric patients. Dining and recreational rooms, space for group therapy and individual treatment rooms are also planned. A new morgue is designed for the ground floor as well as a modern kitchen, doctors dining room and conference area. The Hotpoint stove which now serves hospital patients and staff is so antiquated it is ready for the Smithsonian upon completion of the construction project.

Covered walkways, professional landscaping and a walk thru to the nearby transit mall will round out the building's exterior.

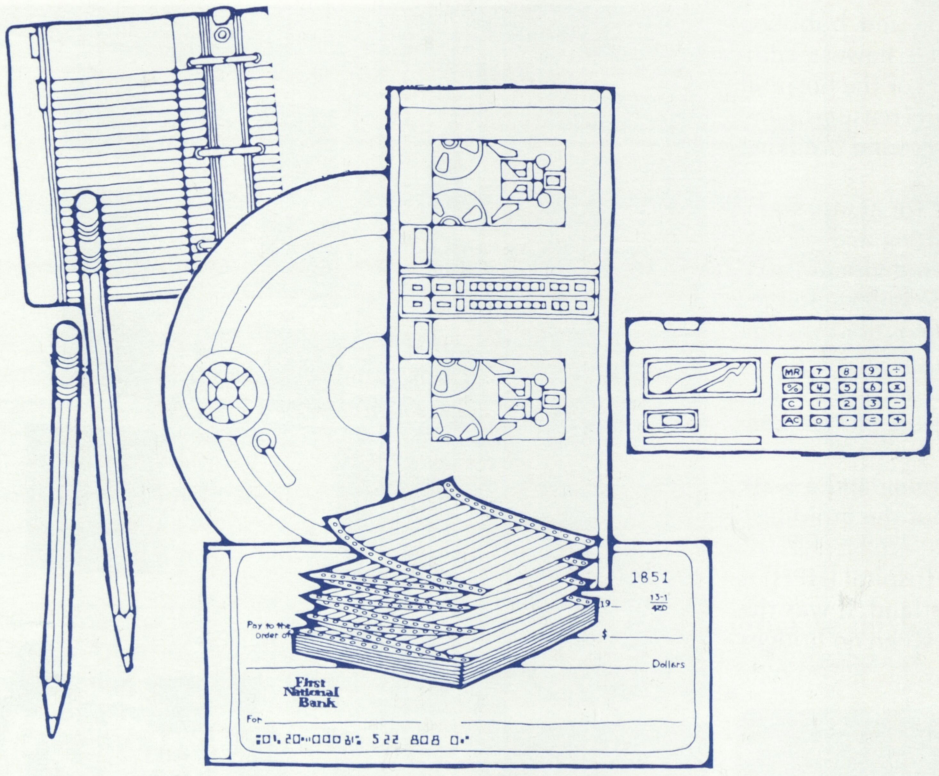
Built in the early 1900s, Holladay Park Hospital (HPH) is geographically located at the center of Portland. It was the first veterans hospital in Portland at a time when no bridges were built across the Willamette. With construction of the Lloyd Center and the Banfield Freeway, HPH became conveniently located within 15 minutes of most points in the greater Portland area.



In 1940, the hospital assessed the psychiatric needs of the community and built a Psychiatric Unit, a new and innovative approach for a general hospital. In 1956 a second building was added and in 1976 a third generation was opened. It was the first time in the Hospital's history that a certificate of need was necessary for expansion. And in 1978, following its tradition, HPH instituted a 24-hour child care center for the children of employees, as well as patients' children when the need arises.

Through a substantial land gift from Lou Williams, HPH was able to begin plans for the new building which will cost roughly $7.0 million and will be financed through a bond issue. The issue will combine new construction costs with refinancing of the 1976 building and result in bonding of nearly $18 million.

According to Ruth Hocks, HPH administrator, the new Center is "a result of the Board of Trustees commitment to excellence in meeting the modality of psychiatric patients."



Insurance Claims:

Save Time

Save Money

Help Your Patients

Jerome Comeau
President, Professional Business Service

The changes in the business aspect of fee-for-service medical practice, particularly in recent years, have made it increasingly difficult to earn a living as a physician in fee-for-service medicine. Inflationary pressure has driven overhead upward, while government intervention has restricted the physician in his efforts to "pass through to the consumer" his increased cost of doing business. The inevitable result has been a reduction in the funds available with which to compensate the physician. Inflationary influence on the physician's relative purchasing power is forcing the physician, like any other good businessman, to reexamine the costs of doing business, in an effort to obtain maximum utilization of the resources at hand. Indeed, he must now succeed as a businessman "because" of himself, not "in spite" of himself.

The cost of personnel in the physician's office is a major expense item in its own right and, depending upon the fringe benefit programs offered, carries with it relatively high hidden expenses. Under some circumstances, hidden expenses may approach as much as 40% of the base personnel costs. Therefore, when examining overhead expenditures, the utilization of personnel is a prudent subject to explore.

In some offices, staff members assigned to complete insurance claim forms on behalf of the patient may approach one-third of the personnel employed by the physician. Alternatives to completing insurance claim forms have been readily available in recent years, and should be re-explored from time to time as the cost-effectiveness of various alternatives changes.

A particularly flexible, effective, and unusually low-cost alternative to completing insurance claim forms is represented by the properly-designed and properly-utilized office charge slip. When effectively designed and implemented, the insurance-billing charge slip should meet the following criteria: **1)** It should serve as the document of original financial entry in the

physician's internal accounting system, including serial number audit-trail capability; **2)** It should be basically compatible with the accounting input needs of all bookkeeping systems in general use in the medical community; **3)** It should require little or no "clerical work" on the part of the physician; **4)** It must provide sufficient information to serve as a free-standing billing form upon which the patient's claim against his insurance company can be effectively presented without completing additional claim forms; **5)** The form must be of such nature and completeness as to permit the physician's office to send the form directly to the insurance company if the patient wishes this accomplished, on behalf of the patient; **6)** The form must be of such nature and completeness that the patient may submit the form on his own behalf to the insurance company, if he wishes to do so.

A properly-designed insurance-billing charge slip can meet all of these criteria and enable the physician's office to meet the insurance billing requirements by merely snapping out a carbon copy of the completed form, either sending it on its way or giving it to the patient for insurance billing purposes. In fact, some offices are using this concept experimentally at the moment with Welfare billing, and some have successfully used the concept with SAIF billing.

Through the proper use of this form and concept, it is not necessary to seek the intervention of outside billing services, or to invest heavily in computer facilities, simply to meet the insurance-billing demand.

The properly-designed charge slip should measure approximately 8½ by 11 inches, and should carry all of the informational elements contained upon the "standard insurance claim form" currently in wide use throughout the state. It should make provisions for the patient's signature releasing information, and it should make provision for assignment of the insurance benefits. This "heading" information and the appropriate signatures are obtained prior to the physician's serving the patient.

Through the use of CPT codes and through wise selection of most-frequently provided preprinted services, the "services rendered" section of the charge slip can be designed in such a way that the physician's involvement, in the substantial majority of instances, amounts to a check-mark by the appropriate service rendered.

As with the "services rendered" section, the most frequently observed "diagnoses" can be preprinted on the charge slip along with the ICDA code, enabling the physician to indicate the diagnosis by a check-mark. The medical group management association has available lists of most-frequently used diagnoses by specialty. This information can greatly assist in the development of the diagnostic section of the charge slip.

In the majority of instances, physician involvement in the clerical work of insurance billing and the use of a charge slip can be reduced to a few checkmarks on a moderately complex form, while the beneficial potential return is tremendous.

As a patient leaves the physician's office, and as his business or reception assistant completes the pricing of the charge slip and establishes any follow-up appointments the physician has requested, the patient and the business assistant determine who is to present the insurance copy of the charge slip on the patient's behalf. Experience indicates that many of the patients are involved in group insurance which requires the claim form to be submitted through the patient's employer. As a result, these patients will wish to submit their own insurance claim. Others, however, can easily be submitted by the physician's office or by the patient. As a service to patients, we encourage the physician's office to directly mail the insurance copy to the patient's insurance company. Just imagine how simple and economical it is to mail one envelope to an insurance company each day containing all of the insurance claim forms for services rendered to that insurance company's patients. It is particularly economical when no clerical effort is required to complete the claim form, and when the equipment investment is only a ball-point pen and a sheet of carbon paper. That's truly cost containment!

Through this approach to insurance billing, the patient's interests are exceedingly well served; the patient's claim against his insurance carrier is most promptly presented on his behalf, and presented at no additional cost to the patient in the form of clerical charges or untimely delay. The insurance company's interests are well served by this approach because they are free of a substantial forms cost and they receive information on their claims immediately. The flow of incoming paper work is level, eliminating work-load problems of peaks and valleys. The enormous advantage to the physician rests in being free of the exceedingly heavy burden of insurance claim form completion. Also, the claim for reimbursement is presented immediatly following care, and experience indicates that payments are received much more promptly.

When attempting to design such a charge slip form and the procedures for its implementation, it is important that the needs of the insurance company and of the patient are recognized, as well as the needs of the physician's internal accounting system. Failure to meet these needs adequately will result in less than adequate performance or rejection of the form by the insurance company. The tremendous potential advantage, however, is well worth the effort in a smoother-running office, reduced equipment investment, improved collections, faster turn-around of receivables, and profit enhancement. By meeting the patient's needs and controlling the physician's costs of doing so, everyone benefits. Isn't that what successful administration of the medical practice is all about?

Jerome Comeau is founder and president of Professional Business Services, Inc., (PBS), a Portland-based business management and consulting firm serving the medical profession exclusively. He is a past Board Member of the Society of Professional Business Consultants, a member of the editorial advisory board of "Physicians Management" magazine, and a contributor to "Medical Economics" magazine. PBS has served physicians exclusively throughout the Pacific Northwest for approximately twenty years.

Part III

Workers' Compensation:

Getting the Worker Back to Work

Kay McMillian
Oregon Area Manager
Western Insurance
Information Service

Getting the worker back to work is the goal of the physician, medical management programs, insurer and the workers' compensation system. This goal, as well as treatment, becomes more important as the physician deals with the more difficult cases. In most cases of injury, the patient is treated and returned to work in a relatively short period of time. In the more complicated cases the physician is put in the position of having to deal with the social, economic and vocational problems of getting the worker back to work. Some seriously injured workers do not respond quickly to treatment and then there are workers that are definitely NOT motivated to work, and the physician must then deal with another problem, the "doctor shopper". It is difficult to maintain control in this situation because these patients "want to manage their own treatment and will tend to seek out a treating doctor who will comply . . . a doctor becomes the patient's advocate when he overtreats, tells the patient not to return to work, or recommends retraining in the case of minor injuries. Careful diagnosis and discrete management will help control these problem areas."[1]

Getting the worker back to work is the most important ingredient in the medical treatment. For instance, a physician might be confronted with a semi-skilled injured worker that is in the 40-45 year-old bracket. The worker may only have a sixth grade education, limited knowlege and exposure to other areas and job opportunities. Possibly the worker in this example has had one job or classification of job all his life and has no transferable skills that could be applied to another type of work. This worker becomes a social/economic casualty by becoming totally dependent upon the workers' compensation system for economic support. The physician can, in many instances, prevent this from happening if returning the worker to the job is kept in the physicians mind as one of the priorities in the treatment procedure.

"The longer a worker is away from the job, the less likely the worker is to return to work at all."[1] A return to work remedies some of the self doubts an injured worker may be having, and even a part-time-work basis renews the worker's feelings of self-worth and improves self image by the return of occupation and earning capacity. This often prevents a worker from becoming vocationally disabled. A study done by a Wisconsin Orthpedist, Dr. Kennedy, indicates that patient return-to-work problems are 17% medical and 83% psychological-vocational. In many cases, working can be considered therapeutic when the worker is returned to the work environment that is familiar, comfortable and again enjoys the contact of a familiar peer group.

The physician may have the feeling that the injured worker has to be 100%, in all functional abilities before returning to work. Sometimes the physician may lack understanding of the patient's job description and requirements which delay the return to work. The resulting inactivity delays the worker's improvement. The insurance industry's experience through the years reveals that the most efficient form of rehabilitation is an early return to work. Communication between physicians and the insurer is encouraged because when insurer has knowledge that the worker's job is relatively light, the doctor and the employer can be informed, the claimant does not continue as an inactive worker.

There are other options that the physician will deal with and make decisions about. Physicians should be aware that returning the worker back to his prior-injury job is preferable over rehabilitation or a retraining program that is geared to prepare the worker for another kind of job in a new occupational area; "The starting pay in any new field is almost in-

variably less than the worker was earning before and often less than the compensation payments. An injured worker can usually earn more on a different job in the same field for which retraining is not needed. Once a physician uses the word 'retraining' the patient's mind may be closed to any suggestions by a vocational counselor."[1]

One method of accomplishing an early return to work is getting an accurate job description. Most large employers today have a job description drawn up for every job in a plant or factory. The physician can call the employer's industrial relations or personnel departments or ask the insurance carrier to assist in reviewing a job description. If there is no job description, which is possible where the employer is a very small operator, then the physician should ask the insurer to look at the job and inform the doctor of the job's duties. Assistance from within the insurance industry might come from adjusters, service co-ordinators, claim representatives, rehabilitation nurses that are employed by insurance companies to assist physicians in getting job descriptions and in determining whether there is modified work available through the employer. Often an insurance claims representative, in addition to describing the work in words, can use a camera and show the physician many of the working conditions too difficult to describe.

Early determination by the physician of "return to work" status is the key factor. If you see that the worker will be able to return to work soon, however not right now, then a modified work program should be considered. Some physicians are fearful of malpractice suits that might result in returning a patient to work. Though the vulnerability is there, experience shows this result is not common.

The next step is to provide the employer with a description of the kind of activities the injured worker can perform. A helpful tool in completing this is Form 436-1488, recommended by Dr. Morris K. Crothers, Medical Director of the Worker's Compensation Division. (see Exhibit) This form or a similar one can be used in communicating the patient's capabilities for work.

At the time the physician feels the patient could return to work, it is suggested that a patient exam and review of the job description be made and the return to work evaluation form, often called the "Physical Assessment for A Job Placement", be completed. The insurer should be notified and will approach the employer to give the worker a trial run at the modified work situation.

If you have made it this far in the procedure, you deserve a lot of credit. However, be alerted that there are certain types of employment relationships which are not conducive to a "return-to-work" at this point on a modified work-program. This might happen because of union bid procedure regarding new jobs or seniority privileges. If this arises, notify the insurance carrier of the situation and the adjuster, claim representatives and etc. can work with the unions to solve these problems. Just because this situation exists doesn't mean that it can't be overcome.

Another option when encountering these difficulties in the return-to-work procedures is the help of service coordinators, employed by the Workers' Compensation Division, who can assist in job placement. The Field Services Division can be reached at the Workers' Compensation Department, Labor & Industries Building, Salem 97310 or by calling the toll free number 1-800-452-7813. There are twelve field service offices throughout the state, Norm Alverson, Administrator or Regional Manager, Russ Carter will see that a service coordinator is assigned to your patient.

In the case of necessary rehabilitation and retraining, there is a need for the physician to recognize this necessary step early in the treatment procedure. It is as important to recognize the need for vocational change as it is to recognize and implement a modified work program. The physician and the insurer both evaluate the worker and physical and vocational rehabilitation take place. If the physician does not know if retraining is necessary it is important to evaluate the injury impact in specific medical terms and arrive at the "medical disability" and enumerate in narrative form the physical capabilities.

The physician inexperienced in workers' compensation can find help from within the "physician-community" and through the local medical association. Several physicians in Portland have more experience and can offer diagnostic assistance and some tips in procedure. A treating physician may want to refer difficult cases to an orthopedist, orthopedic surgeon, a general surgeon experienced in workers' compensation cases, neurosurgeon, neurologist or a clinical psychologist. Some orthopedists specialize in closing examinations and closing the claim.

Next issue "Closing the Claim".

1. Faulkner A. Short, M.D., August 1978 "Portland Physician"

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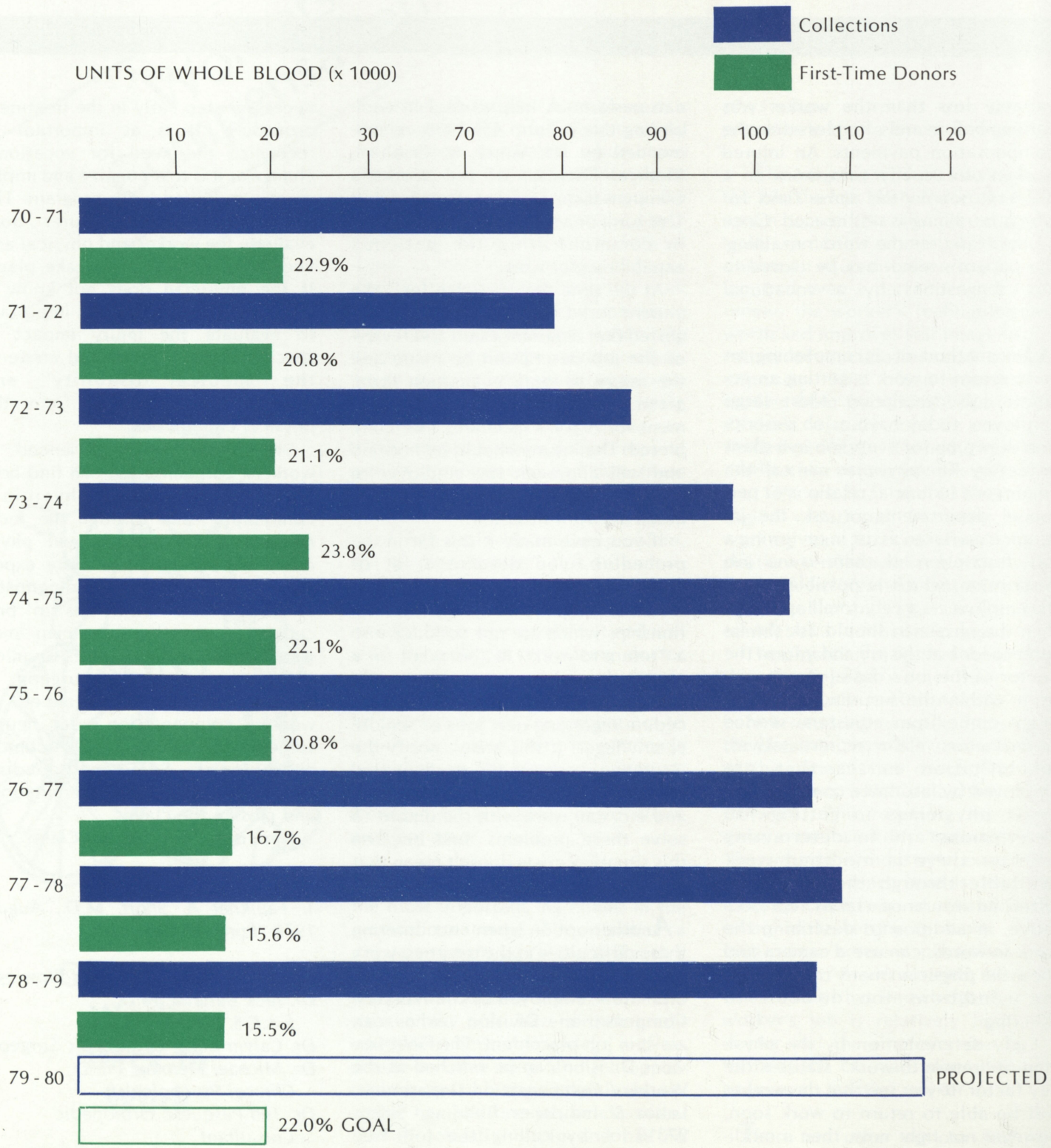
Mr. Don Dalebrous, Claims Manager, Employer's Insurance of Wausau


Collections
First-Time Donors
UNITS OF WHOLE BLOOD (x 1000)
10
20
30
70
80
90
100
110
120
70 - 71
22.9%
71 - 72
20.8%
72 - 73
21.1%
73 - 74
23.8%
74 - 75
22.1%
75 - 76
20.8%
76 - 77
16.7%
77 - 78
15.6%
78 - 79
15.5%
79 - 80
PROJECTED
22.0% GOAL

A Return to Patient-Oriented Blood Donor Recruitment

PART I

Frans Peetoom, M.D., Ph.D.
Director, Blood Services
Pacific Northwest Region

Donor Recruitment Philosophies

Historically, two major philosophies have developed regarding the approach to recruiting volunteer blood donors. One specifically identifies the individual patient as being responsible for the pre- or replacement of the blood used. The other aims at the communit as a whole to provide the blood needed by patients in that community. The latter concept, that of community responsibility, is the blood donor recruitment strategy of the American Red Cross Blood Services and other regional community blood centers. Since the replacement philosophy is primarily guided by economic incentives and the other by altruisitic motives, it is generally believed that these two philosophies are mutually incompatible.

The individual patient's responsibility for providing blood replacement is formalized in blood assurance plans, resulting in lower blood charges, or in penalty fees in the absence of pre- or replacement of blood. From the community responsibility point of view, the obligation to replace blood under the penalty of non-replacement fees, is an unwarranted burden, financially or otherwise, to a growing number of patients who receive large numbers of blood products for prolonged periods of time, e.g. hemophiliacs, patients in chemotherapy and aplastic anemia patients.

In the past, Red Cross Blood Services supported the active recruitment of blood donors among patients' family and friends without the implications of non-replacement fees. This effort was made through the assistance of physicians and hospital staff. This practice was increasingly questioned because of the apparent or perceived harrassment of patients due to the manner in which the recruitment process was executed. Recruitment tactics used by some physicians implied that patients might not receive needed medical care and transfusions if blood pre- or replacement was not guaranteed in advance.

For this reason, the Red Cross Blood Services, Pacific Northwest Region, terminated the patient-oriented blood donor recruitment program in the fall of 1975. In doing so, the blood program no longer specifically addressed potential donors whose motivation and decision to give blood might have been directly related to personal experience with a patient, a family member or a friend, having needed and received blood. It was believed that with some extra recruitment effort, the community at large would compensate for whatever negative impact this change in donor recruitment policy might have on blood collections.

Collection Developments and Consequences

Figure I shows the history of blood collections from July 1970 through July 1979. It is apparent that after a year of stagnation (71-72), four successive years followed during which considerable growth in collections occurred: total growth for the four years is 28,000 units, or approximately a 35% increase. It is interesting to note that during this same period, the availability to the blood service region of platelets and fresh frozen plasma increased 80% each. Component therapy was obviously taking over.

The last three years, from July 1976 till July 1979, were without persistent upward direction. This happened in spite of an anticipated growth of need. How did this come about? What went wrong? In order to analyze the possible cause(s) of this concerning development, we looked at multiple factors in the area of donor recruitment. A significant change occurred more or less simultaneously with the collection trend reversal: the termination of patient-oriented recruitment by physicians and hospitals. We evaluated how this might have affected collections.

It was known that during 1974-1975 at least an average of 2,000 blood donations per month were identified as having been made on behalf of specific patients who had used blood. We do not have an exact breakdown on what percentage of these donations came from first-time donors. However, it seems safe to assume that a considerable portion, if not the majority were new donors. From Figure I, it is apparent that new donors started to decline in fiscal year 1975-1976, during the first

quarter of which we cancelled patient-oriented donor recruitment. This decline has continued. We are not sure there is a definite cause and effect relationship here, but we are much inclined to accept this to be the case.

Because of donor attrition factors, such as age, health status and donor migration, first-time donors are needed for maintaining a stable donor inventory. In addition to increasing the number of donations per donor per year, first-time donors are needed as well for increasing the annual blood collection goal. Facing increasing demands for blood, against a decrease in new donors, has forced us to call more often on repeat donors. Particularly in the Portland metro-area, where the Blood Center is used to balance the daily collections with the needs for blood, this has led to "donor fatigue" and the risk of enhanced donor attrition.

What have been the consequences of stagnation in blood collection growth for the transfusion practices in our region? One thing we know for sure is that the relationship between Blood Center and Hospital Blood Banks became increasingly strained. Hospitals have had to negotiate with growing frequency in order to see their needs met. Delayed shipments of blood to hospitals, compromised orders and inadequate levels of blood inventory at the Hospital Blood Banks, have negatively affected the credibility of Red Cross Blood Services.

With a change in Product Management, we instituted an active blood import policy during the last quarter of fiscal year 1978-1979. This approach makes use of the concept of blood resource sharing on a national level. Blood imports, in addition to a gradual strengthening of regional collections, have helped prevent the occurrence of significant shortages for several months, now. The fact that this has been happening during the classical "summer slump" period is important. However, blood imports can only be a temporary and, from the community's point of view, should be considered as less than a desired dependency. The Pacific Northwest Region has the donor population to meet its own needs More cooperation from donor groups in the region is required. Our Red Cross PR/PI function needs to be improved in order to increase public awareness of community blood needs.

To meet the 1979-1980 regional blood collection goals, at this point in time, approximately 10,000 donations are required on top of the currently, already scheduled number of close to 107,000. Several donor resources development mechanisms are put into action to achieve this. One of these mechanisms is the re-introduction of patient-oriented blood donor recruitment.

This should help bolster the first-time donor rate and, in addition, have a broadening effect on the overall donor base, since many first-time donors will become repeat donors. As in the past, patient-oriented recruitment will take place in hospitals, and through information provided by physicians, nurses, etc. We are trying to establish a patient-oriented donor recruitment procedure that will be based on an understanding of how community responsibility works in maintaining an adequate blood supply, and avoid the implied threats perceived by patients. We want to enhance the opportunity and facilitate the participation in donating blood for those members of the community whose underlying motivation is based on personal appreciation for the life-saving value of blood for a specific individual, a relative or friend. This seems as valid a motivation to donate blood as the more general, altruistic attitude to help unknown patients in the community in an anonymous way.

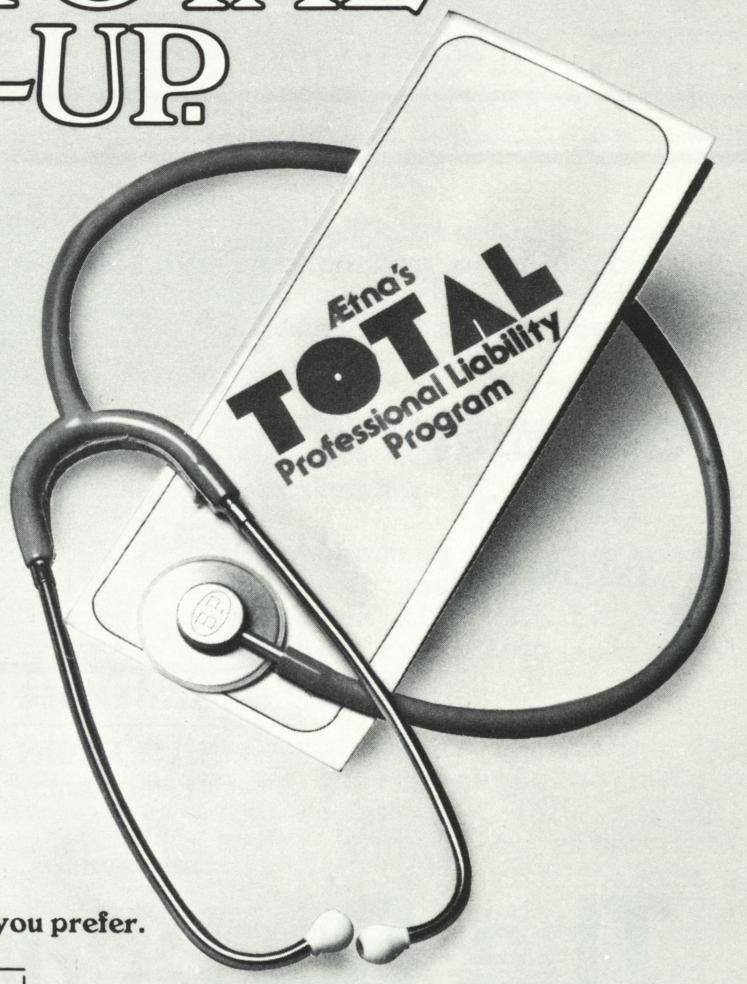
In a second article, we will describe the approach we have planned, and are currently implementing, to reactivate hospitals' and physicians' assistance in the patient-oriented blood donor recruitment process. We count on your interest in this development so that, with your help, the regional blood supply will once again be uncompromised, and maintained by donors from our own community.

Dr. Peetom is an internationally renowned expert in the area of blood services. He currently serves on the MCMS Committee on Regional Blood Services.

TAKE THE ÆTNA TOTAL CHECK-UP.

CHECK THE FEATURES OF YOUR PRESENT PROFESSIONAL LIABILITY PLAN AGAINST THESE:

- ☐ Major Liability plus Property Coverages.
- ☐ Many optional coverages give you a "made-to-order" program.
- ☐ No Partnership/Corporation or Employed Physician surcharges.
- ☐ A Dividend Program which may reduce your insurance costs*.
- ☐ A Loss Control and Education Program.
- ☐ 24-hour claim service here in your state.
- ☐ Personal service from your local Ætna agent.
- ☐ Monthly or quarterly payments as you prefer.



Ætna TOTAL Professional Liability Program for Oregon Physicians. Without obligation, I'd like to know more about this Program.

Name or Group _____

Address _____

City _____ State _____ Zip _____

My present insurance expires on _____

Return to: Lloyd B. Schulz, Manager
Ætna Life & Casualty
Suite 1500, 200 Market Bldg.
200 W. Market Street
Portland, OR 97201

Ætna provides every feature listed. Plus the assurance of knowing your policy is backed by Ætna's resources and dependability. If you couldn't check every box, you may not be getting as much as you should out of your premium dollar. Now that you've taken the Ætna TOTAL check-up, maybe you'll want to examine the coupon. Return it and see if Ætna's TOTAL Program isn't an improvement over your present coverage.

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Ætna
LIFE & CASUALTY

The Automobile Insurance Company of Hartford, Connecticut

The Sports Medicine Program of the United States Olympic Committee is growing rapidly and looking for more support from the medical profession. A $50 donation to the Committee will result in a subscription to Olympian Magazine. Any donation over $50 will go directly to the sports Medicine Program along with a subscription and a window decal. If you are interested in contributing, contact Alan J. Zell, Olympic House, 57 Park Avenue, New York, NY 10016.

Practice Opportunities: Don't forget to check the classified ad section if you're looking for practice opportunities. In Spokane, a four-man group is looking for a replacement following a retirement. Northwest Permanente is looking for various specialists and a clinic in Grants Pass is looking for a family practitioner. And don't forget to check with the Physicians Placement Service at the OMA. Contact Lee Lewis, 226-1555.

The Elk's Children's Eye Clinic and the Oregon Eye Bank at UOHSC recently held a open house to show modern equipment which has been purchased in the past year. The Health Sciences Center also recently received a $7500 grant from Research to Prevent Blindness, Incorporated to advance the study of eye diseases.

OMA House of Delegates meets November 2-4 in Portland. Mark your calendar. The MCMS Board of Trustees and OMA Delegates will meet on October 22 (6:00 pm at OMA headquarters) to vote on sponsorship of MCMS resolutions.

The Department of Health, Education and Welfare is phasing out the Loan repayment program long associated with the National Health Service Corps. Previous loans will be honored, however new loans will not be made. This is a startling disclosure because many physicians who joined the HSC did so in order to pay off their educations.

From the Wisconsin Medical Journal, July 1979:....no public relations firm can help us regain our lost stature unless we do something to help ourselves. Actually, we've been doing just the reverse....(The refusal to make house calls) and the tendency to refer everything after routine working hours to the hospital emergency room will more than negate anything all the public relations firms in the country can do. The disturbing thing about the extinction of the house call is that it isn't really caused by the so-called doctor shortage. The doctors cited were young and did not have busy practices. They refused to make a sacrifice because they lacked the dedication of their older predecessor. If they practice 41 years with that same lack of dedication, they will leave practice unloved by their patients. The doctor's image will be even less shining a generation from now no matter how great our science and how much we advertise our skills.

Is managing your practice getting you down? The "Business Side of Medical Practice," is an AMA booklet that discusses topics ranging from financing an office to good human relations. The booklet is designed for the new physician with immediate decisions to make about starting a practice, as well as for the established physician with an eye toward improved efficiency. Costs are: $2/1-10 copies; $1.80/11-49 copies; and $1.60/50 or more. Write AMA Order Dept., OP-410, P.O. Box 821, Monroe, Wisconsin, 53566.

MULTNOMAH COUNTY MEDICAL SOCIETY CALENDAR

October 8.....Medical Review Committee, 6:00 pm Social,6:45 pm Dinner

October 9.....Alcohol & Drug Abuse Committee, 6:30 pm Meeting & Dinner

October 10.....Executive Committee, 6:00 pm Social, 7:00 pm Dinner

October 15.....Peer Review Commission, 6:15 pm Social, 6:45 pm Dinner

October 16.....Grievance Committee, 6:00 pm Social,6:45 pm Dinner

October 22.....OMA Headquarters, MCMS Board of Trustees & Delegate Causus

October 29.....Component Health Planning Committee, 6:15 pm Social, 7:00 pm Dinner

October 30.....Orientation Meeting, 6:00 pm Social, 7:00 pm Dinner

CALENDAR OF EVENTS: Send information for this, or the Medical Community Calendar to PORTLAND PHYSICIAN, 2188 S.W. Park Place, Portland, Ore. 97205. All MCMS sponsored events are open to any member. Meetings are held at MCMS headquarters, 2188 S.W. 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:

ALBERT STARR, M.D., professor of surgery and head of the division of cardio-pulmonary surgery at UOHSC, has been elected to membership in the American Association for Thoracic Surgery Council.

ROGERS J. SMITH, M.D., was recently elected Chairman of the AMA's Council on Scientific Affairs. Dr. Smith is a staff psychiatrist at Portland's VA Hospital and currently serves as a member of the AMA's House of Delegates representing the American Psychiatric Association.

RICHARD C. ROGERS, M.D., recently achieved the American College of Cardiology's membership rank of Fellowship.

Newly elected medical staff officers at Tuality Community Hospital are LEWIS FRY, M.D., president, JAMES GARLAND, M.D., vice president, and RALPH HELZERMAN, M.D., secretary-treasurer.

J. PATRICK O'GRADY, M.D., has been appointed chief of maternal-fetal medicine at University Hospital. Dr. O'Grady is an assistant professor of obstetrics and gynecology in the School of Medicine at UOHSC.

JAMES SMITH, M.D., associate professor of otolaryngology has been reappointed to the State Board of Examiners for Speech Pathology and Audiology for a three-year term.

How can a Professional Business Management and Consulting Firm Help You?

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Practice management:
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- ☐ Public relations
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- ☐ Fee schedule counseling
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- ☐ Financial planning

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- ☐ Receive, account for and deposit funds
- ☐ Assist in liquidation of practice assets for maximum return.

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MEDICAL/DENTAL BUSINESS MANAGEMENT & CONSULTING

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SOCIETY MEMBERSHIPS

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

BERRETTA, Edward S. Jeanne
GP Albany '74
8250 N Lombard
97203 286-5805
935 NW 24th
97210 248-9014

SPONSORS: Doctors Gordon A. Caron and J. Victor Vore

BLANK, Bruce H. Charlie
U Oregon '72
2311 NW Northrup
97210 224-5681
5325 SW 88th
97225 292-5172

Doctor Blank is transferring membership from Affiliate to Active.

CAFFARATTI, Barbara R.
I Oregon '76
0615 SW Palatine Hill Rd
97219 244-6161
2601 SW Custer
97219 246-0356

SPONSORS: Doctors Richard F. Gourley and Keith S. Hansen

CONGER, Allard J., III Tanna
OBG Oregon '75
265 N Broadway
97227 288-5381 (228-9206)
2 Eagle Crest Dr.
Lake Oswego 97034 246-7465

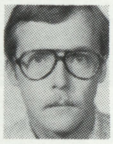
SPONSORS: Doctors W.O. Thomas Jr. and Alvan W. Pang

CRISTOFANI, Daniel L. Cynthia
OBG Georgetown '75
1133 SW Market 227-6511
97201 (228-0246)
2101 SE Grandview Ct.
Milwaukie 97222

SPONSORS: Doctors James E. Dahlman and James D. Fearl

DEMUTH, Robert J. Mary
PS* Rochester '59
3181 SW Sam Jackson Pk Rd
97201 225-7824

SPONSORS: Doctors William W. Krippaehne and Clare G. Peterson



GARVIE, John J. Kathryn
I*-GE Rush '74
265 N Broadway 288-5381
97212 (228-9206)
2925 SW Sunset Blvd.
97201 245-4579

SPONSORS: Doctors George M. Robins and Richard A. Ellerby

HENLEY, Eric
FP Georgetown '76
3231 SE 50th
97206 777-4461
839 SW Broadway Dr #79
97201 222-7275

SPONSORS: Doctors Eugene J. Uphoff and Peter L. Reagan

HOLLAND, John P. Kathy
OM-GP Nebraska '77
1313 NW 19th
97209 226-6744
13018 SW 61st
97219 620-4003

SPONSORS: Doctors Lawrence A. Dworkin and Robert H. Armbruster

KEEFFE, Emmet B. Melenie
I*-GE* Creighton '69
3181 SW Sam Jackson Pk Rd
97201 225-8577
2753 SW Rutland Terr
97201 241-7192

SPONSORS: Doctors Ronald M. Katon and C.S. Melnyk

LAWRENCE, Geoffrey T. Lynn
OTO* Arizona '73
10180 SE Sunnyside Rd
Clackamas 97015 653-4275
9507 SE Tenino Ct
97266 775-8302

SPONSORS: Doctors Charles M. Emerick and Harvey D. Klevit

LINDGREN, Robert D. Jane
OPH Oregon '74
11104 SE Stark
97216 255-2291
(228-4346)
2645 SW Brae Mar Ct
97201 223-5516

SPONSORS: Doctors Dean E. Neal and Donald H. Plum

MATHESON, Robert T. Pamela
D* Utah '73
171 NE 102nd
97220 255-9626
2306 SW Boundary
97201 244-0271

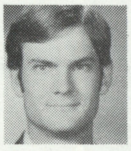
Doctor Matheson is transferring membership from Affiliate to Active

MILLER, Stephen H. Carol
PS* UCLA '64
3181 SW Sam Jackson Pk Rd
97201 225-7824
2816 South Shore Blvd
Lake Oswego 97034 636-2139

SPONSORS: Doctors William W. Krippaehne and John R. Campbell

MOORE, Michael A. Joan
PATH Ohio '75
10123 SE Market St
97216 257-2422
18025 NW Avalon Dr
97229 645-3958

SPONSORS: Doctors R. Edward Cook and Leon P. Bingham



MYERS, Douglas R.
GP Oregon '78
5825 N Greeley
97217 285-6607
(228-6268)
5551 SW Menefee Dr
97201 244-1096

SPONSORS: Doctors Gordon Myers and Anton E. Wiebe

OXMAN, Gary L.
FP Minnesota '78
3231 SE 50th
97206 777-4461
4240 SW 7th
97201 223-1982

SPONSORS: Doctors Eugene J. Uphoff and Bartholomew D. Hobson

PARKINSON, John Vicki
P S Carolina '76
700 NE 47th
97213 234-8211
2330 SW Vermont
97219 245-7383

SPONSORS: Doctors Leonard J. Marcel and F. William Miller

ROBERTS, Janet L. Edgar E. Clark, M.D.
D UCSF '68
2250 NW Flanders
97210 223-3104
79 Tanglewood Dr
Lake Oswego 97034 636-7015

SPONSORS: Doctors Paul S. Russell and Frederick A.J. Kinger

SHORT, Priscilla B.
GP Colorado '77
2153 SW Main
97205 223-4023
Virginia Garcia Cl
Cornelius 97113 648-3615
6945 SW Schools Ferry Rd
Beaverton 97005 643-3937

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

SLOOP, Perry R., Jr. Barbara
I*-RHU* Oregon '62
3414 N Montana
97227 249-8555
4140 SW Condor
97201 288-7789

SPONSORS: Doctors E.H. Gloekler and Paul Trautman

STEVENSON, Craig C.
PD Kentucky '77
2428 NE Division
Gresham 97030 667-7970
2824 NE 36th
97212 287-8503

SPONSORS: Doctors Emily Tufts and Maureen C. Mack

WATSON, Peter T. Harriet
OBG Pennsylvania '73
3181 SW Sam Jackson Pk Rd
97201 225-8639
3740 NE Klickitat
97212 287-8886

SPONSORS: Doctors Leon Speroff and E. Paul Kirk

WHITNEY, Diane F. Paul
P Calgary '76
10200 SW Eastridge #230
97225 297-1354
3360 SW Hume
97219 246-0160

SPONSORS: Doctors Joseph D. Bloom and Daniel H. Labby

For Associate Membership

BARKER, Alan F. Julieann
I* Missouri '70
3181 SW Sam Jackson Pk Rd
97201 225-7680
2739 SW Patton Ct
97201 224-2651

SPONSORS: Doctors Miles J. Edwards and George A. Porter

For Affiliate Membership

GAILUN, Ronald J. Jane
OPH (Resident)
Georgetown '74
1200 NW 23rd
97210 229-7022
9685 SW Buckskin Terr
Beaverton 97005 643-1989

SPONSORS: Doctors Richard G. Chenoweth and Irvin Handelman

GRIFFITH, Don G. Lynda
OPH (Resident) Oregon '59
1200 NW 23rd
97210 229-7022
4231 SW 54th Pl
97221 292-6068

SPONSORS: Doctors Michael L. Klein and Irvin Handelman

KAPPES, Joji
I (Resident) USC '73
3181 SW Sam Jackson Pk Rd
97201 225-7741
5835 SE Yamhill
97215 239-7125

SPONSORS: Doctors Harold R. Amsbaugh and C. Joe Anderson

McDONALD, John V., Jr.
Intern Wisconsin '79
3181 SW Sam Jackson Pk Rd
97201 225-8311
930 SW Gibbs #14
97201 224-2571

SPONSORS: Doctors Marvin W. Harrison and John R. Campbell

ORWOLL, Rebecca Eric
Intern Oregon '79
3181 SW Sam Jackson Pk Rd
97201 225-8311
7235 SE Salmon
97215 252-0540

Doctor Orwoll is transferring membership from Student Affiliate to Affiliate.

Insulin Study Needs Patients

In 1973, Eli Lilly and Company added a gel filtration step to the Insulin purification process in an effort to significantly reduce the content of proinsulin and other high molecular weight components. Beginning in late 1978 all Insulin preparations manufactured by Eli Lilly and Company were put through an improved purification process to further reduce the proinsulin content (100 ppm). It is expected that they will replace all current Lilly Insulins in the market place by late 1979 or early 1980. Preparations of even greater purity are now to undergo clinical investigation.

Portland Diabetes Center, with John W. Stephens, M.D. as chief investigator, has entered into a double-blind study for Eli Lilly and Company involving four insulins — (a) mixed beef-pork "Improved Single Peak" Insulin; (b) Special Pork Insulin (which is highly purified from Improved Single Peak) collected from suppliers of pork pancreas who also deal with beef pancreas; (c) Special Pork which is the same as (b) except that the pancreas suppliers deal in pork pancreas only; and (d) recombinant human Insulin. Insulin with the same structure as human Insulin, made by bacteria.

All patients will be monitored for the development and/or resolution of complications of Insulin therapy, including Insulin lipoatrophy, Insulin hypertrophy, and local and systemic allergy. In the study, chronic control of the plasma glucose will be evaluated by total fast hemoglobins. Antibody formation to Insulin and proinsulin, as well as the possible effects of these antibodies on residual endogenous insulin secretory capacity, as indicated by measurement of basal and stimulated human C-peptide, is to be studied.

We wish to select 50 individuals for the study who have never received Insulin, not even one dose. Since patients occasionally unknowingly receive Insuline while in the hospital, special studies including Serum Insulin Antibody Titers will be made on two blood samples before starting the patient on insulin. It is hoped that the study can have their committment for at least three years with regular two month visits required.

This is a study to evaluate the benefits of different purities of Insulin. The benefits to the individual participant may be difficult to define. The search is for Insulin less likely to cause Insulin allergy and Insulin resistance. A more direct benefit is the fact each participant will be seen regularly at no cost (a possible saving in health care costs) for evaluation and certain laboratory tests. Insulin will be supplied free of charge. There will be no other financial compensation, though the patient will be seen regularly every two months at no charge. If the patient desires to withdraw from the study for any reason, he is free to do so at anytime. Close patient monitoring and follow-up will be done by the physician and nurse clinician.

Physicians who would like to refer patients for possible participation in the study should contact John W. Stephens, M.D. or Karen Braxmeyer, R.N. at Portland Diabetes Center, 2232 N.W. Pettygrove, Portland, Or. 97203 or telephone 223-6215.

A lot of these patients come to you for help.

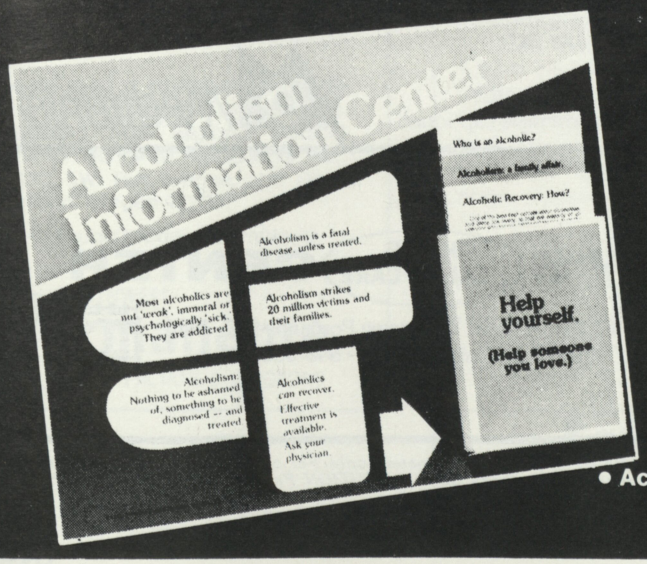
But few for the disease of Alcoholism.

Even today, many patients don't know that alcoholism is a disease, not a disgrace. Denial is a dangerous symptom that can prevent effective medical treatment. Accurate information about alcoholism, and reassurance about the prognosis for recovery is needed to motivate patients to seek help. You are their best source for that information.

Effective medical treatment achieves excellent recovery rates.
Over the past 40 years, Schick's Shadel Hospital has used medically based treatment to help tens of thousands recover from alcoholism. The hospital's current recovery rates range up to 85% for patients who complete the multi-disciplinary program based on years of effective treatment.* Schick's Shadel treatment involves a shorter hospitalization than many less experienced facilities offer, and is covered by major health insurance plans.

The first step toward treatment is information.
Schick's Shadel Hospital's **Alcoholism Information Center** is available to you, free of charge, for your reception area. It contains leaflets written in laymen's terms describing the disease itself, its effects on the alcoholic's family, medical treatment methods, and facts about recovery. Also included is an informative brochure containing a physician's discussion of techniques to reach the patient in need.

Write or call today.
Many of your patients need the facts about alcoholism, for themselves or someone they love. The Alcohol Information Center can help them to come to you for help.



* Based on patient abstinence one year after treatment. Survey Source: Facts Consolidated, Los Angeles, CA, 1978.

To order the Alcoholism Information Center for your office call . . .

(206) 244-8100

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- **Accepted by Major Insurance Plans**
- **Member, American Hospital Association**
- **Accredited by Joint Commission on Accreditation of Hospitals**

MEDICAL COMMUNITY CALENDAR

October 13
45th Annual Meeting, Mental Health Association of Oregon, Ramada Inn — Tualatin. 228-6571.

October 13-14
Second Annual Symposium on Lifestyles and Health, Univ. of Calif., San Francisco. Sheraton-Palace Hotel, SF. CME credit available. (415) 666-3904.

October 15
Cancer Odyssey/79-80 Progress Report/Gains, Losses, Prospects, Physicians & Surgeons Oncology Studies. 224-6500.

October 17
Diagnosis and Treatment of Peripheral Neuropathies, Providence Medical Grand Rounds. 8am, Room 25, Providence Hall. John T. Ebert, M.D.

October 18-19
Thyroid Disorders and Treatment, Northwest Hospital, Seattle. Port Ludlow Resort, Port Ludlow, WA. (206) 364-0050, ext. 686.

October 20
Statewide seminar on emergency techniques in, and legal aspects of the doctor's office , State of Oregon Society, American Association of Medical Assistants, Inc.

First Annual Update on Newer Concepts of Stroke, Sheraton Hotel at Lloyd Center. UOHSC Division of Continuing Medical Education. 225-8700.

Suicide: The Preventable Death, Portland State University, Smith Memorial Center — Room 327. 9am-4pm. Fee $50.

October 22-24
Third Annual Pacific Northwest Review of Obstetrics and Gynecology, Red Lion at Janzen Beach. UOHSC Division of Continuing Medical Education. 225-8700.

October 24
Skin Cancer Review, Providence Medical Center Grand Rounds, 8am, Rm 25, Providence Hall. Robert T. Matheson, M.D.

October 25-27
International Conference on Legal Aspects of Health Care for Children, Four Seasons Hotel, Toronto, Ontario. American Society of Law and Medicine.

October 26-27
First Annual Northwest Conference on the Multi-Generaltional Family — "Old Perspectives — New Directions. OCE and Chemeketa Community College 362-1942.

October 29-November 1
American Group Practice Association 30th Annual Meeting, Caesars Palace, Las Vegas, Nevada.

October 31
A Clinical Interpretation of the SMA-6, Providence Medical Center Grand Rounds, 8am, Auditorium, Providence Hall. Donald W. Seldin, M.D., Professor and Chairman of the Department of Medicine, University of Texas Health Science Center, Southwestern Medical School.

October 30-31
Workshop on Practice Productivity, American College of Obstetricians and Gynecologists Sheraton Fisherman's Wharf, SF. (800) 421-6512.

November 6
You are What You Eat/Health Consequences of Diet, Portland Adventist Medical Center. 8am-4:45pm, $35. Sponsored by UOHSC and Portland Adventist, includes speakers/doctors from UOHSC, UCLA, Columbia Presbyterian Medical Center, NY, West Virginia, Illinois College of Medicine. Especially for the practicing clinician.

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GRANTS PASS, OREGON A unique opportunity for a physician looking to have a family practice was well as having an opportunity to do emergency medicine. No investment. Fee for service with minimun guarantee. Malpractice paid. Profit sharing in two years. Reply to Art B. Wong, M.D. 1818 Union Street, San Francisco, CA (415)563-6619.

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Oncology	Urology
	Opthamology

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Please send a curriculum vitae with your initial response to Marvin H. Goldberg, M.D., Regional Medical Director, Northwest Permanente, P.C., 1500 S.W. First Avenue, 11th Floor, Portland, Oregon 97201.

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Seaside Home on beach front-Sleeps 8. Rent: Week-$425, Weekend-$135. 628-2509.

BLACK BUTTE RANCH – Lg new, 3-bdrm, loft, 2 bthrm. home. Views on Glaze Meadow. $70/dy. Marvin Goldberg, MD. 638-5056, 243-1173.

SUNRIVER Ranch Cabin. 3 bdrm., 2 baths and family rm. $400/wk. 224-3336.

Brightwood Mountain House — Luxurious weekend ski and summer vacation home for rent. Two bedroom, two bath, two fireplaces. Call Jim Buell at (503)226-5700 or (503)635-6495. $200/week — $110/wknd.

SUNRIVER MEADOWHOUSE CONDO Sleeps 6. Sunriver rates reg. $90/day, thru owner only $65/day. $390/week. 252-9351, 252-3327.

Sunriver Ranch Cabin — 3 bdrm, 2 bth, fam. rm., frpl, Jennaire, complt. furnished. Near pool and tennis ct. 2 dys-$130, 3 dys-$180, 7 dys-$350. 224-3336

Sun Valley House
3 bdrm, 2 baths, lg. deck, sleeps 8. In Elkhorn, near skiing, tennis & golf. From $500/wk. 224-0244.

Sunriver House Sleeps 6, 2 bths, $50 day — $300 wk. 256-1717 or 252-4864.

Salishan Hills Condos 2-bdr, $70. 223-9487.

MISCELLANEOUS

Medical Photography instructions for physicians, surgeons. 297-4411, x2301.

Heyer Stencil Duplicator Model 1777. Like new, only $450. Call Mike, MCMS Printing Service, 222-9977.

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FOR SALE — OREGON COAST AREA
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FOR RENT — New home/Mt. Scott, 4 bdrm, 3-car garage, frplc/Master Bdrm., rec. rm., $675. 658-4808.

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ARGAY CLINIC, NE 122nd & Beach — Approx 1200 sq ft, 3 exam rms, consulting office, kitchenette-lounge. Custom interior design, ground level. Mornings/253-9106, Anytime/254-0573. Donald W. Ogard

SPACE AVAILABLE FOR LEASE in modern air conditioned office building in Milwaukie-Gladstone area. Ample patient parking in rear of premises. Will improve premises for lessee. Call 244-6976 after 6 pm.

MEDICAL CLINIC
Medical Clinic 3 min. from Emanuel Hosp. For Sale or Lease. Call Mike Wood, 223-7370
GILBERT BROS. INC., REALTORS

Medical/Dental office space. Available NE 122nd & Gleason. 1296 sq. ft. w/possible addt'l. 640 sq. ft. 254-5517.

THE VALLEY MEDICAL CENTER
Space avail near Hillsdale in SW Portland. Complete lab & x-ray depts, free parking for patients & MDs. For details, contact Roger Jorgensen, 246-3355.

Medical Office Space for Lease, 800-1700 square feet. New Medical-Dental Building, SE 139th and Stark. For information call: 252-5565 or 254-5535.

WORK WANTED

Locum Tenens sought by internist available July 1980. Contact: Rolland Jenkins, M.D. 3211 S.W. Tenth, Apt. 207, Portland 97201. 223-5942

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