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www.msmp.org

MSMP's next round of Medical Assisting Review classes for the CMS change begins Dec. 9.

—See Page 10 for details

Lab testing, clinical trials begin to Beat AML

By John Rumler
For The Scribe

Beat AML, the Leukemia & Lymphoma Society (LLS)/OHSU Knight Cancer Institute partnership that is researching and working to improve outcomes for acute myeloid leukemia (AML), is in full swing, complete with lab testing and clinical trials.

"We're recruiting patients for the study, our entire team is working at receiving and running samples. The lab is very busy right now," said **Jeff Tyner, PhD**, one of the leaders of the project, which involves about 20 OHSU researchers and a similar number of clinical personnel.


JEFF TYNER, PHD

The groundbreaking collaboration, announced in September, is an outgrowth of a relationship between OHSU and LLS that dates to the 1990s and the early development of the drug Gleevec. It brings together a world-class team of pioneering scientists from multiple disciplines to better understand a complex form of leukemia for which there are no broadly effective treatments.

A particularly devastating blood cancer with less than 25 percent of newly diagnosed patients surviving beyond five years, AML causes more than 10,000 deaths a year in the United States, and treatment options have not improved or changed in the past 30 years.

But with this new team and a new approach, there are reasons to be hopeful.

First, the project involves the world's largest non-government funder of blood cancer research in LLS, leading academic research institutions, two advanced technology companies (Intel Corp. and Illumina are providing computational analysis and genetic sequencing expertise, respectively), and the likelihood that multiple pharmaceutical and biotechnology companies will join forces as the massive undertaking gains momentum.

The Beat AML team seeks to add more collaborators, including pharmaceutical and biotech companies, that will test a comprehensive offering of novel drugs to address AML's underlying molecular complexity. As part of this effort, Array

*See **BEAT AML,** page 6*


Brian Druker, MD, (above) director of the OHSU Knight Cancer Institute, calls Beat AML "unprecedented in terms of the range of expertise involved." It leverages the expertise of technology, sequencing and pharmaceutical collaborators, and aims to change the paradigm of treatment for patients with acute myeloid leukemia. Photo courtesy of OHSU

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Bringing the classroom to Oregon communities

University's traveling CME program looking to expand offerings, locations

By Melody Finnemore
For The Scribe

Physicians across Oregon who, for a host of reasons, have difficulty attending continuing medical education (CME) sessions have a resource that brings the courses to them. And the growing program will soon spread its geographic wings.

A traveling CME program initiated by Oregon Health & Science University offers an array of topics related to orthopedics and rehabilitation medicine, with plans to expand to neuroscience and the latest research and practice advances from the Knight Cancer Institute.

George Mejicano, MD, MS, senior associate dean for education in OHSU's School of Medicine, said the university launched the program in June 2012 to meet two distinct sets of needs. The first was Oregon physicians' need to connect to OHSU clinicians with expertise in specific fields. The second was OHSU faculty members' need to increase awareness among physicians about new clinical programs and advances.


GEORGE MEJICANO, MD, MS

"It really was a natural evolution that was a win-win for the physicians outside of OHSU and for the faculty who are part of OHSU, and it really fits our service mission," he said, adding the traveling CME program complements OHSU's Physicians Consult and Referral Service. The consult line gives physicians a resource to call with questions about patient conditions and treatments, among other health care topics.

Since the program started, OHSU clinicians have led 23 sessions, and have reached 174 physicians and 128 other clinicians. Five sessions were scheduled for late October and early November, and the momentum is growing as more people learn about the program, Mejicano noted.

*See **CME PROGRAM,** page 5*

INSIDE THIS ISSUE

Focus on Charitable Care

This month we highlight some of the many ways members of the region's medical community are giving back by promoting health and wellness

—Page 8

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'For a brief moment…Paul and I connected'

Med student reflects on her interactions with an elderly patient during rotation

By Linda H. Lin
For The Scribe

I met "Paul" in Room 204. So, this was the elderly man Dr. A worked all day to find legal guardians for. Lying in his bed, with his wrinkled eyes squinted shut, he reminded me of the 92-year-old ischemic colitis patient I had just finished rounding on. They both had fair skin, scattered silvery hair and a vulnerability about them that easily gave away their "disease." Neither of them wanted to be here.

That morning, Paul never opened his eyes for me. He seemed to be exhibiting a silent protest of sorts. He was attempting to shut out the world. Paul responded to my string of questions flatly, with too many "I don't knows" and incoherent talk of planes. What planes? I wondered. Had he been on a recent plane ride I was unaware of? How do I decipher his coded speech, one where I had neither the key nor the experience to decode?

Standing in room 204 made me painfully aware of my awkwardness and inadequacy as a third-year medical student. Doubts coursed through me. Was I in the right room? Did I have the right patient? Was he like that to everyone else? Or, just to me? How would I obtain his inpatient progress when I could not communicate with him?

Fortunately, I had Tina, a medical assistant who knew Paul in his element at his nursing home. "He talked about planes before. It is nothing new," she offered sympathetically, spooning yogurt against Paul's uncooperatively sealed mouth. Her knowledge of Paul's pre-existing altered mental state gave me the reassurance I needed to carry on with my visit. I had the right room. A 95-year-old elderly male, with dementia, admitted for right hip fracture…room 204. Right, I was supposed to be here.

"He does not have the mental capacity to make decisions for his care." I overheard Dr. A talking to Paul's nurse the day before. From what I gathered, Paul had no one else to make his decisions for him. He lived alone in the nursing home and made all of his decisions on his own prior to his fall. To this, Dr. A and Paul's nurse marveled over how an elderly man with dementia had the mental capacity to make his own decisions for so long. More pressingly, they wondered how they should proceed with Paul's medical care, given that he had yet to present with a noteworthy window of mental clarity at the hospital.

Would a 95-year-old man undergo a risky surgery to fix his hip fracture? Would he want everything done to him to stay alive? I did not think so. But, what would Paul want? Paul did not have a POLST form. Nor a living will. For the first couple of days in the hospital, these questions were left largely unanswered.

The next time I visited Paul, he had two new faces at his bedside: Brandy, his nursing home care provider, and Elena, his long-term case worker from the Department of Human Services. They were warm and maternal. More importantly, they were familiar to Paul. Paul was a changed person. His eyes were open and engaging. He seemed relieved, at ease and even lucid. He interacted with his visitors and responded to their voices like a child would his parents', listening, acknowledging and trusting, as Brandy and Elena stroked his silvery hair and held his aged hands. My heart swelled as I took in this moving sight. I realized then: Paul was not alone. He had family. They were his family.

Photo courtesy of OHSU

Brandy and Elena's presence elicited in Paul the mental capacity necessary to make the decision for his treatment. As he took in the gravity of his condition for the first time, Paul's cheeks and nose went from pale white to crimson red. He held back tearful sobs with his trembling lips. Paul finally understood the difficult decision before him. He could choose surgery, which had a 30 percent risk of mortality for someone his age. Or, he could choose to do nothing and face an 80 percent risk of dying of pneumonia or other complications secondary to his bed rest.

To my surprise, Paul chose surgery, despite his advanced age. He went with the odds. He chose to live. He was to be transported to a larger, neighboring hospital for his surgery the next day.

The last time I was alone with Paul in room 204 he was unresponsive again. This time, he did not utter a word. Gone was the spark I saw just a day before. I learned from his nurse he had refused to take his medicine overnight. He just lay there somberly awaiting his transport as if it were his last ride. What changed? What was going through his mind? Had he given up hope? My heart ached at the possibility. I could not bear seeing him suffer in silence while shutting out all who tried to help him.

How was I to reach him? I pondered. I began by asking how he was doing. No response. I asked if he was afraid. No response. I told him it was okay to be afraid, and reminded him that he was not alone and that he had plenty of people, including me, rooting for him. To this, his cheeks reddened and his lips trembled, just as he had the day before. He was listening. Feeling encouraged, I got bolder and asked him not to lose hope. I explained the way to a speedy recovery was if he wished it so. This meant he would need to be a willing participant in his care. He must cooperate with his doctors and nurses and take his medications.

As usual, Paul lay there stoically while I fumbled for words. However, this time, even though I received no outward acknowledgment for my efforts, I knew Paul heard me. I had gotten through to him somehow. For a brief moment, in room 204, through his moistened red eyes, Paul and I connected.

The remainder of his stay was smooth and uneventful. Just before leaving, Paul had resumed his medications and interacted with his nurses and Dr. A without notable incident. He was lucid and responsive. He was Paul from the nursing home once again. •

Linda Lin is a third-year medical student at Oregon Health & Science University. She is also a mom, wife ,and geek who used to design computer chips. She did not come to medicine to save the world, but to make connections, one patient at a time. She can be reached at linli@ohsu.edu.

Do you have a story to share about an interaction with a patient? Share it on the Members Forum section at msmp.org. Authors should change patient names to protect confidentiality.

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Editors' note: This article is the first in a series profiling MSMP partner organizations.

Insurer brings power of numbers, plus local experience

By Cliff Collins
For The Scribe

The Doctors Company, the **Medical Society of Metropolitan Portland's** partner company for liability insurance, combines local response and connections with national strength in numbers.

"The Doctors Company is owned by its members," explained **James Dorigan**, regional operating officer for the company's 16-state region. "It is a doctor-owned and -operated company."


JAMES DORIGAN

It is the largest physician-owned insurance company in the nation, covering 74,000 doctors across the country and 2,700 in Oregon.

The company's local deep roots spring from the 1982 founding in Salem of Northwest Physicians Mutual Insurance Co., which Dorigan started with several Salem physicians. The company grew to such an extent that, by 2006, it was looking to merge with a larger partner, and found that with Napa, Calif.-based The Doctors Company, he said.

Partly because of that history, Oregon physicians have the unique benefit of being insured by a carrier with local influence and expertise from years of association with leading Oregon defense attorneys and expert witnesses, blended with the strength of $4 billion in assets and more than $1 billion in member surplus.

The company also has longstanding ties with MSMP. "We've had a relationship with the medical society going back over 20 years," Dorigan said. Under **MSMP CEO Bud Lindstrand**, who has known Dorigan for years, that relationship has grown even tighter, Dorigan noted.

The Doctors Company teamed with MSMP to host a CME event in August centered on pain management strategies and prescription drug abuse, and both organizations plan to co-sponsor further patient-safety educational events, he said.

This year, the insurer began collaborating with MSMP in furnishing articles and videos on risk management for MSMP's redesigned website, www.msmp.org. These can be found on left side of the home page.

In addition, Dorigan has worked closely with MSMP to "stay in tune with its members" concerning legislation that relates to professional liability matters, he said. For example, "We're going to be heavily involved in an education and information campaign with our members" related to the implementation of the early discussion and resolution bill passed by the 2013 Legislature and set to take effect next year, he said.

"We're looking at additional ways to enhance the relationship" between the company and MSMP, Dorigan said. "The Doctors Company strongly supports organized medicine in a number of ways." That includes providing the maximum amount of discounts to MSMP members, along with The Doctors Company's Tribute Plan, which rewards members for their loyalty and their dedication to superior patient care. Every year, the Tribute Plan has grown and become more popular with members. At the end of 2012, more than 28,000 members had qualified for an award, with an average balance of $11,855 that will continue to grow until they retire. The company has distributed more than 2,300 awards.

According to the company, Tribute awards do not affect premiums and are provided in addition to dividends, which The Doctors Company will pay to eligible members in 2013 for the seventh consecutive year.

Also as part of the premium members pay, the carrier includes two additional benefits at no extra cost: CyberGuard, which protects physicians up to $50,000 against liability claims related to incidences such as HIPAA data breaches; and MediGuard, which covers physicians up to $25,000 in Oregon Medical Board actions or credentialing challenges. Both products are offered as part of the company's core medical liability policy.

Members express satisfaction with their liability coverage, the company reports. In its 2012 Member Experience Survey, 94 percent of policyholders agree that the company relentlessly defends them against frivolous lawsuits. This defense includes litigation education retreats tailored to Oregon's legal environment, which help members facing claims to master defense tactics, deliver sound testimony and cope with the emotional stress of a claim.

The company's programs help members reduce risk and avoid claims, too: The survey found that 91 percent of members are pleased with the insurer's efforts to protect them from potential threats to their reputations and livelihoods.

The liability climate in Oregon has improved in recent years in terms of the frequency and number of cases brought, but the "severity and amount paid" in claims has worsened by between 4 percent and 6 percent, Dorigan said.

That is even more reason why physicians should rely on The Doctors Company's national perspective and local expertise to identify emerging trends and protect physicians, he said. •

THE DOCTORS COMPANY

For more information about The Doctors Company, visit www.thedoctors.com, or call the Salem office at 800-243-3503. For information about becoming an MSMP member, call 503-222-9977, or visit msmp.org and click on the Membership tab.

CME PROGRAM *from page 1*

Typically, the courses are presented at clinics and hospitals in a small conference room. One OHSU clinician leads the one-hour session, and the participants range from one or two people to as many as 25, depending on the topic and health provider. Although the majority of sessions have been held in the Portland metro area, the program has reached as far as The Dalles and future plans call for broader geographic expansion.

For more information about OHSU's traveling CME program, please contact George Mejicano at 503-494-6074 or mejicano@ohsu.edu.

OHSU is among a growing number of universities offering traveling CME programs across the nation. Mejicano worked with a similar program at the University of Wisconsin, and was excited to see plans for one underway when he joined OHSU in August 2012.

Though he is strictly involved in the administrative side of the program right now, Mejicano, an infectious diseases specialist, plans to get out in the field and lead some traveling CME courses in the future. He is encouraging other OHSU clinicians to do the same.

"The idea is to meet the needs of the physicians, so as we grow the program I envision many more clinicians getting out in the community and partaking in the program," he said.

So far, feedback about the traveling CME program has been overwhelmingly positive. Its success is rooted in the fact that the courses are presented in person by OHSU clinicians who want to connect with communities throughout the state.

"Part of it is simply an information transfer and that can be done digitally, but there is also an interest in getting to meet these people one on one and face to face. The faculty who go out love it because they like interacting with people and interfacing with the physicians," Mejicano said. "And people love the idea that we're not just sitting up on Marquam Hill, but that we're out serving the state."

As the program continues to evolve, Mejicano welcomes suggestions for how to make it stronger.

"We're open to suggestions, so if people are interested in other areas—women's health or primary care, whatever it happens to be—we want to hear about it. We want to meet the needs of the community," he said. •

BEAT AML *from page 1*

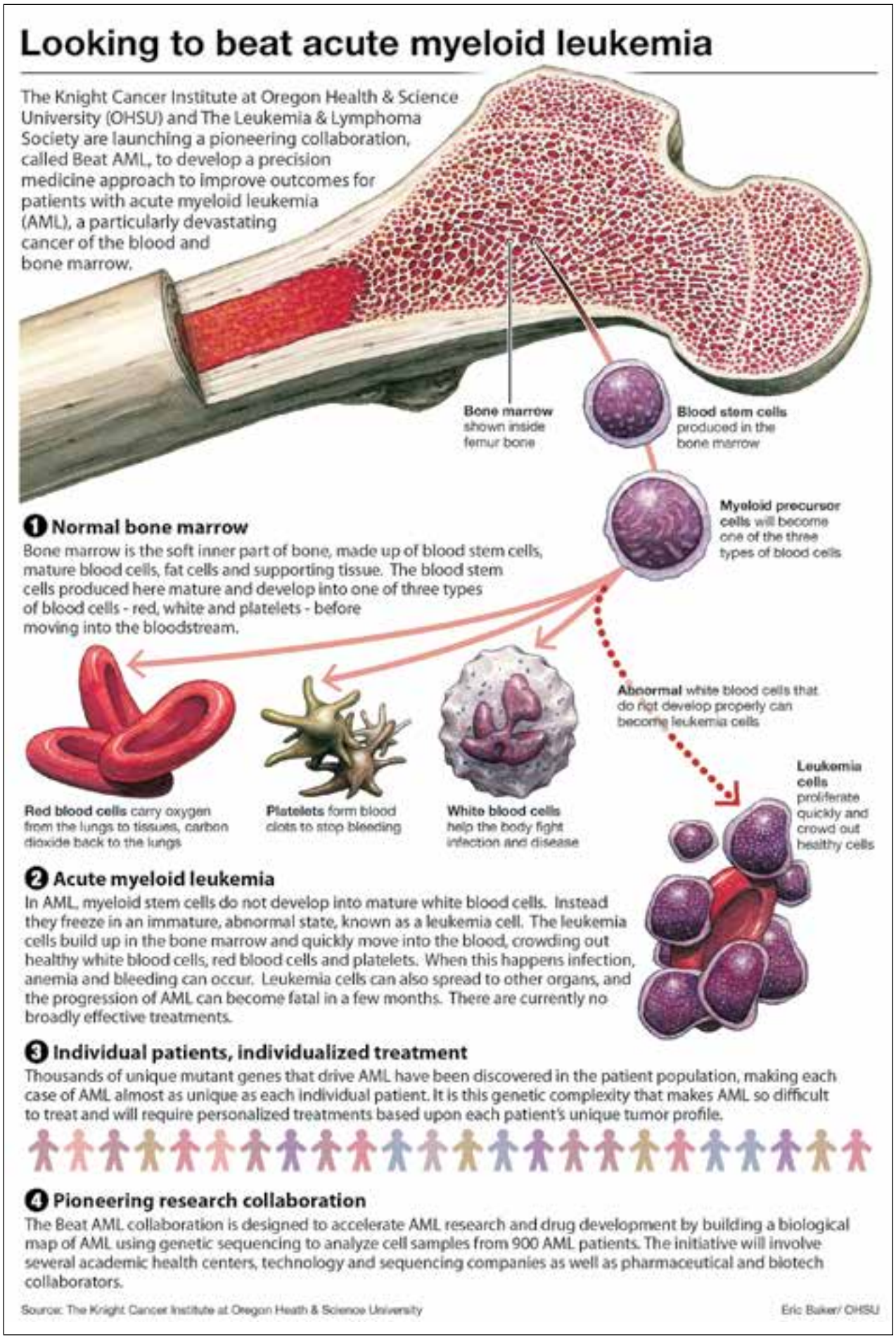
BioPharma will be the first bio-pharmaceutical company to evaluate its therapeutics with this project.

"This collaboration is among the first of its kind in the cancer space and unprecedented in terms of the range of expertise involved," said **Brian Druker, MD**, director of the Knight Cancer Institute and research project leader.

Second, there is a successful track record to consider. Druker's groundbreaking research, which received significant support from LLS, has revolutionized treatment for another particularly troublesome form of leukemia, chronic myeloid leukemia (CML). Gleevec, which was developed out of Druker's early research, changed the average life expectancy for CML patients who previously could expect to live only about five years after diagnosis. Now they have a normal lifespan and much improved quality of life, and Gleevec is just one among dozens of similar drugs approved by the U.S. Food and Drug Administration.

This breakthrough has made once-fatal forms of the disease manageable, launched a new generation of targeted cancer therapies and helped usher in the era of personalized cancer medicine with molecularly targeted therapeutic approaches.

"Now we hope to do for patients with AML what has been achieved with CML: Take a blood cancer that was, with few exceptions, a death sentence, and enable patients not only to survive, but to enjoy a longer, richer quality of life," LLS President and CEO John Walter said.



Changing the paradigm

LLS and the Knight Cancer Institute spearheaded Beat AML not only to develop new wonder drugs such as Gleevec, but also to change the paradigm of treatment for AML patients. The initiative acknowledges that AML is a diverse collection of poorly understood, rare diseases that share some common traits.

Because of AML's complexity, improving prospects for patients requires a transformative approach that acknowledges the biological diversity across the broad landscape of AML cases.

The multi-institution, team approach is designed to leverage the expertise of technology, sequencing and pharmaceutical collaborators because it will require a next-generation personalized medicine approach to vastly accelerate research findings and ultimately improve outcomes for patients with AML.

"The recent advancements in our capacity to answer fundamental biological questions in rapid time has advanced us to the point of making real improvements in patient outcomes. So it is an extraordinarily exciting time to be involved in a research project such as this," Tyner said.

Researchers are now extracting RNA and DNA from live leukemia cells obtained from the bone marrow of patients at hospitals participating in the study, including OHSU, Stanford University Medical Center, University of Utah Medical Center and the University of Texas Southwestern Medical Center in Dallas.

Clinical trials are also gaining steam. "We're using a variety of agents and therapies and trying them out based on patient sensitivity," said Tyner, who is focusing on the project's functional genomic research arm. "We hope to be working on a handful of trials before the end of 2014."

The initial stages of the clinical trials are painstaking, because researchers closely monitor patients for any untoward reactions, side effects or toxicity, and it can take months, sometimes years, before any clear indications of success.

The research process is designed to provide rapid analysis of the way in which genes malfunction in individual patients with the disease, how the disease progresses as well as how it responds to treatment.

One of the main goals of Beat AML is to create 900 genetic profiles during the next three years and to detect possible genetic drivers of AML by conducting a deep genomic sequencing analysis of participating patients' samples.

As information from the samples is analyzed by the Knight Cancer Institute's bio-informatics team to determine potentially relevant mutations, researchers will simultaneously test the response of patients' leukemia cells to different drugs and combinations of drugs.

"Communication is another huge challenge," Tyner said. "Constant upgrades to our database are critical so we can analyze and share this data in real time."

Researchers hope this enormous data set will lead to identification of potential new drug targets as well as novel drug combinations. The goal is to move this information rapidly into the clinic by matching patients with treatments that target their leukemia more precisely.

This dual process will better equip scientists to confirm that they have identified a genetic driver of the disease. This approach not only speeds progress in understanding AML, but also more efficiently determines ways to stop the disease and better block potential recurrence.

LLS has committed to investing more than $8.2 million towards analyzing samples of cancerous cells from the 900 patients. The volume of samples analyzed and the level of detail will enable scientists to build an extensive biological map of the disease.

The Beat AML project is scheduled for three years, but it isn't going to stop then, according to Tyner.

"We'll likely catch our breath and evaluate our progress," he said. "We're aiming to have 900 genomic profiles by then, but it we may ultimately need several thousand. Three years from now the knowledge gained from this project will translate to the in-vitro analysis and the clinical trials will be even more sophisticated than they are now." •

Yelp yourself

Can one bad online comment or review ruin your practice?

Editors' note: This article, courtesy of The Doctors Company, is part of a series focusing on patient safety/risk management issues.

Unhappy patients rarely retract derogatory or even defamatory statements made online.

Should you fight the commenters?

Fighting defamation, at least in some cases, might make the situation worse. Even if disgruntled commenters desist, the defamation is in the public domain and will circulate again and again.

Consider the following court case: A neurologist in Duluth, Minn., sued a family member of an unhappy patient for defamation because of a negative review written on a third-party website. The media picked up the story, multiplying the negative aspects of the case and presenting additional facts that were not supportive of the physician's office staff. Ultimately, the case was dismissed by the judge, who declared that "the court does not find defamatory meaning, but rather a sometimes emotional discussion of the issues."

Fighting commenters on an Internet review site can escalate a poor interaction or outcome into a full-blown complaint to the state medical board, as it did in Texas, where anonymous commenters and complainants led to medical board actions. In response, physicians banded together and pushed the passage of a law that prevents the Texas Medical Board from considering anonymous complaints against physicians for disciplinary actions. Other states may take the issue up as well.

If you should receive a negative or unfair comment or review online:

- Avoid responding to the post.
- Review the comment from the point of view of a patient. Can any information shared in the comment help improve the practice?
- Trust that established, potential or new patients will use their own intelligence and judgment when reading the post.

To help maintain positive relationships with your patients, consider the following ideas:

- Trust your patients and your practice. Don't have patients sign "gag orders" preventing them from commenting about their experience. This puts a therapeutic relationship onto a potentially adversarial footing.
- Give patients a direct line to the practice through patient satisfaction surveys. Discuss the results in regular staff meetings and address any patient concerns.
- Consider sending a letter to new patients after their first visit, thanking them for choosing the practice and saying that you hope to see them in the future.
- Encourage satisfied patients to post their experience as well, to help balance the reviews. •

Founded by doctors for doctors in 1976 to advance, protect and reward the practice of good medicine, The Doctors Company is the nation's largest insurer of physician and surgeon medical liability.

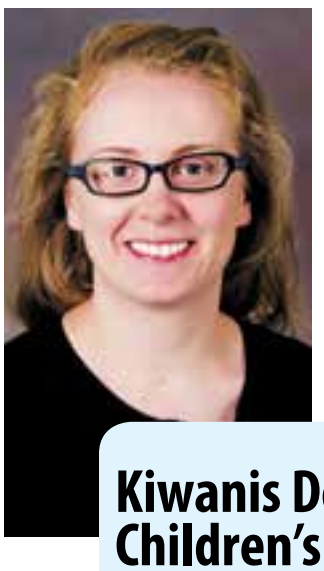
THE DOCTORS COMPANY

For more information on its innovative patient safety products and services, contact Sarah Wolfenbarger or Christopher Clark at 800-243-3503, or visit www.thedoctors.com/patientsafety.

The guidelines suggested here are not rules, do not constitute legal advice and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each health care provider in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

What strategies does your practice employ to maintain positive patient relationships? Visit the Members Forum section at msmp.org to share them.

Health care professionals give back in myriad ways to improve community wellness



Melinda Wu, MD, and Kristina Haley, DO, are among the medical professionals who have received fellowships through a Kiwanis-supported program that trains physicians in family-centered, state-of-the-art care and helps them become leaders in pediatric hematology/oncology.

Kiwanis fight children's cancer through fellowships

Kiwanis Doernbecher Children's Cancer Program

Founded: **1987**

What it does: **Provides funds to support and improve childhood cancer-related education, research and treatment, raising funds for fellowships through a vehicle raffle, golf tournaments and other efforts.**

To learn more: **www.kdccp.org, or contact Bob Smith, bobs.kdccp@gmail.com, 503-407-7021**

By John Rumler
For The Scribe

In the 1970s, the survival rate for children with leukemia was only 5 percent to 10 percent, and in Oregon, kids who needed bone marrow transplants had to go to Seattle or San Francisco. In 1987, Kiwanis members helped start a bone marrow transplant program at Doernbecher Children's Hospital.

A dozen years later, the Kiwanis began a program that funds three pediatric fellowships every three years at Doernbecher. The mission of the **Kiwanis Doernbecher Children's Cancer Program** is not only to train physicians in the delivery of family-centered, state-of-the-art care, but also to help them become leaders in pediatric hematology/oncology.

Melinda Wu, MD, now in the third year of her fellowship, is specializing in pediatric hematology-oncology. Wu said she is gaining invaluable experience and knowledge in treating children with cancers and hematologic disorders through the program.

"The research we're doing here strives to make better therapies for the future and the mentorship inspires me, every day, to be a better doctor, colleague and person," Wu said.

The first year focuses on the clinical care of children with blood disorders. During the next two years, fellows spend about 75 percent of their time studying and researching and the remainder working in the clinic with youngsters.

Kristina Haley, DO, specialized in caring for children with bleeding and clotting disorders and completed her fellowship earlier this year. Now on faculty at Doernbecher, Haley said her mentors in the program encouraged her to dream big and to do more than she thought she could.

"The fellowship program creates an environment where passion meets education meets motivation, and as a result, fellows come out of the program already pushing the field."

To date, the Kiwanis have raised more than $2.8 million to support Doernbecher, including $188,000 each year since 1999 for the fellowship program. In 2010, the Kiwanis expanded the program in the Northwest and now Seattle Children's Hospital and Vancouver Children's Hospital in Vancouver, B.C., have similar fellowship programs.

Because of advances in research and treatment, the survival rate today is about 85 percent to 90 percent. But cancer is still the leading cause of death by disease among U.S. children 1 to 14 years old, according to the National Cancer Institute. •

Julie Chinook, ND, removes a tattoo on an Outside In client as part of the agency's Project Erase.

'You always get more than you give'

Outside In

Founded: **1968**

What it does: **Helps homeless youth and other marginalized people move toward improved health and self-sufficiency.**

To learn more: **503-535-3840 www.outsidein.org**

By Cliff Collins
For The Scribe

When **Outside In**, a downtown Portland institution renowned for its work with homeless youth, sent an email to all Providence Medical Group physicians, including **Lesley K. Segal, MD**, she was volunteering with a different agency.

"I felt like I wasn't really helping a lot there," she says. When she saw, say, a young woman who was pregnant and living under a bridge, Segal thought, "I have nothing to help."

But when Segal decided to answer the call from Outside In, she has never looked back. That was more than a decade ago, and Segal has been a regular volunteer, along with 27 other MDs and DOs and nine naturopaths, ever since. She has confined her involvement to the agency's Project Erase, using lasers—donated by local dermatologists—to remove tattoos, primarily on former gang members.

"Outside In really speaks to me," says Segal. The patients she sees usually are in the final stages of turning their lives around through the agency's assistance, and they want to leave behind reminders of their "horrible" pasts, she says. Many clients received tattoos while in prison. "Often tattoos occur in the setting of violence," she explains. "People tattoo others as a sign of ownership."

Now some clients are starting families and looking for employment, and tattoos can greatly hinder their efforts to get hired, she notes. Segal develops relationships with the patients, because the tattoo removal process can take 12 to 15 visits. Some patients bring family members, who marvel as they begin, for example, to see the person's face fully for the first time.

"I'm so happy to help them," she says. "It's a real bonding." Some patients have told her, "This is the best thing that has happened in my life."

Outside In is a federally qualified health center and a licensed mental health agency, with personnel who are expert in treating adolescents. The agency provides 17,000 medical visits each year, on and off site.

Segal says a core of physician volunteers has remained. "It is so satisfying that people stay with it. It's a great volunteer gig. You always get more than you give." Current volunteers include doctors representing ophthalmology, orthopedics, dermatology, pediatrics, emergency medicine and, like Segal, primary care. The program provides the laser training.

More volunteers are needed for Project Erase, as well as for the agency's transgender health services, says Breanna Romer, volunteer manager. Volunteer applications can be found on Outside In's website, or doctors can learn more by attending a session of "Presenting Outside In," she says. The dates and times for those presentations are on the volunteer tab of the website. •

T. Michael Norris, MD, medical director of the Clackamas Volunteers in Medicine Founders Clinic, examines a patient. Each month the clinic serves scores of individuals for free who do not have health insurance.

Photo courtesy of the Founders Clinic

Community embraces Clackamas County's first free clinic

By John Rumler
For The Scribe

Clackamas Volunteers in Medicine Founders Clinic

Founded: **2012**

What it does: **Provides health care to low-income, uninsured residents of Clackamas County.**

To learn more: **503-722-4400**
www.clackamasvim.org

For decades, there was no health clinic for uninsured and/or low income people in Oregon City, the seat for Clackamas County, which has an estimated 45,000 people between ages 18 and 65 without health coverage.

The Oregon City **Founders Clinic**, just 20 months old, is helping to fill that gap by offering free, non-emergency health care to eligible Clackamas County adults.

The clinic sees patients from 1 to 5 p.m. Wednesdays and 5 to 9 p.m. Thursdays. It has more than 100 volunteers, including 25 who are either a MD, DO or NP, and 37 RNs along with a host of other medical and office volunteers—all of whom serve between 120 and 200 patients monthly.

Conditions that can't be treated at the clinic are referred to a growing number of regional partners, including Project Access Now which has a huge regional network of volunteer medical specialists.

The idea for the Founders Clinic began in 2009, when a group of concerned individuals considered opening a free clinic to meet the needs of the undeserved community. Then Willamette Falls Hospital Foundation launched a funding drive, raising more than $140,000 in 2009 and again in 2010 to help the cause.

"That made all the difference," said Medical Director **Mike Norris, MD**. "We wouldn't be here now if that hadn't happened."

Longtime Oregon City family practitioner **Bill Rasor, MD**, donated a large amount of medical equipment, furniture and supplies upon his retirement, and in late 2010, the Clackamas Health Initiative, along with local health care systems, signed an agreement with Volunteers in Medicine (VIM), a South Carolina-based non-profit that has started more than 80 free clinics nationwide serving the uninsured.

When Norris, a retired family practice physician in Clackamas County, agreed to serve as medical director, many other volunteers came on board and the clinic opened in February 2012. Its annual budget is about $180,000, most of which comes from donations, grants and fundraisers.

The clinic, which was open just one night a week when it began operation, has only 1.5 paid staff positions: a full-time operations manager, **Karen Shimada, MPH**, and two quarter-time volunteer coordinators.

Many volunteer opportunities, especially for primary care physicians and registered nurses, are available through the clinic. It also is seeking volunteer eligibility screeners, patient advocates, a graphic designer and a co-medical director.

Prospective patients must have lived in Clackamas County for the past three months, have had income no more than twice the federal poverty guidelines for the past three months, and must be uninsured.

The clinic, which is named for the eight physicians who founded Willamette Falls Community Hospital (now Providence Willamette Falls Medical Center), is avidly supported by the community, Shimada said.

"It's nothing short of amazing that not only are so many health-based organizations partnering with us, but locally, everyone from Albertsons to Lowe's to area churches have helped out in big ways and small ways." •

Spouses Cassie Gabriel, MD, and Allen Gabriel, MD, started the nonprofit Pink Lemonade Project to provide emotional support and information to those affected by breast cancer.

Photo courtesy of the Pink Lemonade Project

Patient ideas form foundation for Pink Lemonade's programs

By Cliff Collins
For The Scribe

Pink Lemonade Project

Founded: **2010**

What it does: **Educates, empowers and supports those affected by breast cancer.**

To learn more: **360-216-7333**
www.pinklemonadeproject.org

After he completed his plastic surgery residency and was doing a one-year fellowship in breast and aesthetic surgery, **Allen Gabriel, MD**, came to a couple of realizations about women who had survived breast cancer.

"I saw that something needed to be done about, one, taking care of these patients' emotionally, and two, women's rights—the therapeutic and diagnostic aspects."

It was with those two objectives in mind that Gabriel, who is a member of PeaceHealth Southwest Medical Group, and his wife, **Cassie Gabriel, MD**, an anesthesiologist, founded the nonprofit **Pink Lemonade Project** three years ago, followed by a website called www.MyReconstructionRights.org, which offers women information about their rights to reconstructive surgery following mastectomies or lumpectomies.

Pink Lemonade Project offers three-day healing retreats for women who have finished active treatment but not necessarily reconstruction, as well as for their partners. In conjunction with Susan G. Komen, Oregon & SW Washington Affiliate, it also offers a separate retreat for women with metastatic breast cancer. Beginning next year, a retreat will be added for women at high risk of developing breast cancer due to having a BRCA gene mutation.

Retreats are held several times a year, all at the Menucha Retreat & Conference Center in Corbett. Participants pay on a sliding-fee scale. The retreats are facilitated by two licensed clinical social workers and a licensed clinical psychologist providing guidance and counseling, he says. The project also sponsors BRAVE Day, which stands for Breast Reconstruction Advocacy Victory Event Day, another effort by Gabriel to spread the word about patients' rights.

The federal Women's Health and Cancer Rights Act of 1998 requires most group health insurance plans that cover mastectomies also to cover breast reconstruction surgeries. However, research shows that only 40 percent of women who receive a mastectomy after a breast cancer diagnosis go on to have breast reconstruction surgery, according to the Pink Lemonade Project. Many women are not aware of this law or their right to have reconstruction, Gabriel says.

The project also sponsors the Pink Link program, a fellowship of breast cancer survivors and women genetically at risk of cancer, offering one-on-one connections and group events.

Gabriel says his motivation is to help his patients, and the retreats have been well-received by participants.

"Everybody has said this has really changed their life." All the programs Pink Lemonade has started came from ideas suggested to him by his patients telling him what they need, he says. •

*See **CHARITABLE WORKS,** page 10*

¡Salud!, founded more than two decades ago by a group of Oregon winery owners and Tuality Healthcare physicians, is unique nationally in its services, clients and funding, said Leda Garside, RN, (far right), the organization's services manager.

Photo courtesy of Tuality Healthcare Foundation

¡Salud! pours its all into fostering good health among workers, families

¡Salud!

Founded: **1992**

What it does: **Provides access to health care services for Oregon's seasonal vineyard workers and their families.**

To learn more: **saludauction.org**

By Barry Finnemore
For The Scribe

Several years ago, **¡Salud!** reached out to a seasonal farm worker and the individual's family, helping them access dental care. Along the way, the nonprofit connected the family to an area hospital, where their daughter eventually had surgery on her legs that had been malformed since birth. Today, the girl is able to stand and do many things for herself.

The story is emblematic of ¡Salud!'s mission to provide medical care, guidance, education and advocacy, easing the path to health services for seasonal vineyard workers and their families in the north Willamette Valley. A vineyard manager had brought the daughter's situation to the attention of ¡Salud!'s services manager, **Leda Garside, RN**, who helped the family get care for their teeth and connect with a hospital that absorbed the cost of the daughter's surgery. ¡Salud! then assisted the family with the expenses associated with her post-surgery physical therapy.

"That's a story that's really close to my heart," says Garside, stressing the importance of ¡Salud!'s collaborations with winery and vineyard owners, health care professionals and organizations, students in university health and dental care programs, county health departments, community health centers and other non-profits.

¡Salud!, founded more than two decades ago by a group of Oregon winery owners and Tuality Healthcare physicians, is a program of the Tuality Healthcare Foundation. It is unique nationally in its services, clients and funding, Garside said. The latter comes entirely via private donations, the majority of which are raised at an annual auction featuring wines made especially for that event. Funds also come in part from wineries donating a percentage of bottle sales or holding special tasting days.

Garside describes ¡Salud!'s services as comprehensive. The organization, among other things, registers workers and their families into its program; provides wellness screenings at work sites; organizes free dental care via mobile units; refers patients to and helps with the cost of health care services; administers flu and tetanus vaccinations; and financially assists those who need it. It also has a workplace safety and training component. Central to ¡Salud!'s outreach is education, helping insured and uninsured individuals and families navigate the health care system as well as access housing and other community services.

The number of new and returning clients served has increased markedly, from 749 in 2002 to 4,009 in 2012. Early intervention and preventative care is a ¡Salud! hallmark. Garside said that when she started with the organization in the late-1990s, emergency-room and urgent-care visits for primary care were the norm for a "huge" percentage of the population ¡Salud! worked with. That number has been reduced to well under 10 percent today, she said, a result of ¡Salud!'s education and advocacy efforts.

Walter Hardin, MD, a family physician who volunteers as ¡Salud! medical director, said what's so exciting is that the organization helps not only with immediate medical and dental needs, but builds relationships with clients and takes a case-management approach to health care.

¡Salud!, he said, is a "unique idea that has worked into a very good idea." •

First of two parts *Next month: the toll of anxiety, a technique to escape the trap of perfectionism and the importance of the medical community allowing doctors to speak openly about their stresses.*

Medical culture creates expectations of strength, stoicism

This article is among a series of personal essays exploring life challenges of physicians. It is a part of MSMP's goal to better support and connect members of the region's medical community. Do you have a personal story to share with Scribe *readers? If so, please contact the editors at scribe@llm.com or 360-597-4909. To share your thoughts and respond to this essay online, visit the Members Forum section of MSMP's website at msmp.org.*

By David Hanscom, MD

Our culture expects doctors to be strong and stoic. Physicians do nothing to belie that impression; they rarely discuss their personal issues. It's an unspoken rule that if you're ever feeling stressed, you put your head down and persevere. That's why I didn't know that my close friend and fellow surgeon was on the edge. One afternoon last year, he left after assisting me in a complicated spine surgery. We shook hands and he said, "Nice case." It came as an incredible shock when I heard that three hours later, he was dead from a self-inflicted gunshot to his head.

I later found out that my colleague was under enormous personal stress. His problems were complicated, but I know that much of his stress stemmed from his habit of constantly beating himself up. This led to uncontrollable anxiety, which had been building for several years. The tragedy is that he didn't seek help earlier. He didn't feel that he could.

My colleague's story is not an isolated case. In fact, one in 16 physicians reported having contemplated suicide, according to a study published in the *Archives of Surgery*. This rate is higher than the general public (6.3 percent versus 3.3 percent). Only 26 percent sought help.[1] Out of my 80 medical school classmates, four killed themselves within three years of completing their training. Another dozen colleagues have committed suicide.

I can imagine how those doctors felt before deciding to end their lives. About 10 years ago, I was driving home after a busy day at the clinic. I was agitated. I was in my mid-40s and was experiencing crippling anxiety on a daily basis. My anxiety had begun to rear its head 12 years earlier, and for the past year, I had struggled. I saw no way out. I was done.

That night, I weighed all of my options and decided that was it—once I pulled into the garage, I would close the door and leave the car running. But at the final moment, I turned off the car. I thought of two classmates whose physician fathers had taken their own lives during my classmates' teenage years. I knew how devastating it was, how hard it had been on them. I had a young son. I couldn't abandon him and leave a legacy of death. If it weren't for my family, I have no doubt that I would have left the motor running.

Burnout

Burnout contributes to the stress that can drive physicians to thoughts of suicide. About 40 percent of physicians experience burnout.[2] Doctors live with a combination of pressures that can result in burnout: suppressed anxiety, perfectionism and massive amounts of stress.

Medical authorities have made effort to limit stress on doctors. For example, there are laws limiting residents' work to 80 hours per week. Enforcement of these rules is spotty, though, and the older hierarchy feels that these guidelines are too lenient. Physicians face many stresses: running a business, angry patients, surgical complications, threat of litigation, partner problems, etc. As a surgeon, it's not uncommon to operate for 10 or 12 hours and then go to the office for another four hours to catch up on paperwork.

Stress management skills are not part of the medical training process. No one provides physicians with the tools to assess their mental health. There are no preventative mental health resources, such as mental health professionals on staff; there's no one to easily talk to about the stress. Any hint of mental distress causes the hospital to examine under a microscope the physician's ability to practice. •

David Hanscom, MD, is a board-certified orthopedic surgeon practicing in Seattle.

This article originally appeared in The Doctor's Advocate*, 4th quarter 2011 (www.thedoctors.com/advocate), and is courtesy of The Doctors Company.*

References

1. McCoy KL, Carty SE. Failure is not a fate worse than death. *Arch Surg.* 2011;146(1):62–63.
2. Duruisseau S, Schunke K. Physician wellness as constrained by burnout. Medical Board of California Newsletter. November 2007;104:1.

Designing a career around his passion

Outdoor adventures a cornerstone of Oregon doctor's life, work

Christopher Van Tilburg, MD

By Jon Bell
For The Scribe

Christopher Van Tilburg, MD, has made adventure a big part of his life for just about as long as he can remember.

The son of an orthodontist who took his family on countless overseas service trips and medical missions, Van Tilburg had basically traveled around the world by the time he was in college. Along the way, he picked up hunting and fishing and a love for skiing, hiking, cycling, climbing and just about any other outdoor adventure he could get his hands on.

Three years ago, however, Van Tilburg had a skiing accident on Mount Hood that nearly killed him. It changed his life — but not in the way you might think.

Rather than hang up the ice axe or retire the skis after his recovery, Van Tilburg took his two daughters skiing in the Andes. And on his way back from Chile, Van Tilburg, an accomplished author of 11 books, came up with the idea for his next book, *The Adrenaline Junkie's Bucket List: 100 Extreme Outdoor Adventures to Do Before You Die*, published by St. Martin's Press in July.

Fresh off a stand-up paddle lunch break on the Columbia River near his medical practice in Hood River, Van Tilburg talked with *The Scribe* recently about his unique medical and writing career, his outdoor adventures and where he's off to next.

Photos courtesy of Christopher Van Tilburg

"I've been fortunate to have **a stable, three-day-a-week job** that I could rely on for income and camaraderie and patient care. The **other time I can get out or pursue writing** and some of the consulting I do for the outdoor industry. **That balance is really important for what I do.**"

***The Scribe:* Was it your father's work in medicine and traveling that got you interested in those fields?**

Christopher Van Tilburg: Yeah, my mom and my dad. My dad was an orthodontist who had a very rewarding career. He took on a lot of charity cases for cleft palette repair and did a lot of service trips around the world. That was a big part of it. And I also always had a fascination with science and the human body. I trained in family medicine, so that's my official credentials. I practiced emergency medicine full time for 12 years, but after that I needed a change. Now I do occupational and travel medicine and I still do some emergency medicine, and I'm also still the medical director for the Crag Rats (a Hood River search-and-rescue group).

***The Scribe:* You've also worked in wilderness medicine and other fields that are a little less mainstream, plus work in all of your outdoor stuff.**

Van Tilburg: You have this perception in med school that you have to work and be on-call and always be in the clinic. I knew I wanted to go into medicine, but I didn't want a traditional job as a doctor. When I got to med school, I realized there were some alternative jobs for doctors. I did a project on international medicine and ended up having something published in the *Journal of Wilderness Medicine*, so that's kind of what happened. I have designed a career around my passion as opposed to picking a career around something I liked and then following my passion on my days off.

***The Scribe:* It's probably easier to go the more traditional route, right?**

Van Tilburg: Yeah, it's easier to get a job that way, but that's never been a part of my personality. I've been fortunate to have a stable, three-day-a-week job that I could rely on for income and camaraderie and patient care. The other time I can get out or pursue writing and some of the consulting I do for the outdoor industry. That balance is really important for what I do.

***The Scribe:* How did you get into writing?**

Van Tilburg: I started writing in high school for local papers. There was a paper in Woodland, Washington called the *Lewis River News*, and I wrote the sports stories for them. I was the editor of my school paper my senior year, I wrote stories in college for no pay, and I never stopped. In 1998, The Mountaineers published my first book, *Backcountry Snowboarding*, which was kind of a how-to guide, and that was a bit of the beginning of a change into looking for bigger and better projects.

***The Scribe:* Tell me about your book, *The Adrenaline Junkie's Bucket List*.**

Van Tilburg: I had been working on a list of all the backcountry ski and snowboard routes that I'd done in Oregon and that I still wanted to do, and it dawned on me that I needed a bigger list—a list of trips all over the world. So, this book is 100 trips around the world. (It includes everything from running the Hood to Coast Relay and climbing Mount Rainier to kayaking Africa's Zambezi River and surfing in the Cloudbreak Reef in Fiji.) I've done about 60 of them and I've got another 10 of them in the works.

***The Scribe:* Where are you off to next?**

Van Tilburg: I'm doing a hiking trek in Bhutan in two weeks, and then we've got four more trips planned for the spring. •

What's on your bucket list? Do you have a travel adventure to share? Visit the Members Forum section at msmp.org to respond.

The complicated life of Bethenia Owens-Adair

By Maija Anderson,
OHSU Historical Collections & Archives
For The Scribe

At first glance, Bethenia Owens-Adair's life as pioneer, mother, physician and activist seems like something straight from a Western novel. It describes the exploits of a uniquely independent, self-determined 19th-century woman. Her story is well-known through her 1906 autobiography, *Dr. Owens-Adair; Some of Her Life Experiences*. It is complete with villains and heroes, life-threatening adventures and daring escapes. However, Bethenia Owens-Adair was a human being, not an idealized character. Her professional interests and pursuits reveal the complex history of medical thought and practice.

Bethenia Owens-Adair, MD, late 19th century

Photo courtesy of OHSU Historical Collections & Archives

Bethenia Angelina Owens was born in Van Buren County, Mo., in 1840, the third of 11 children. Her family traveled the Oregon Trail in 1843, settling first near Astoria, then Roseburg. The disruptions of pioneer life meant that she had little formal education. As a daughter in a large family, young Bethenia was expected to help raise the younger siblings. From a young age, she especially enjoyed nursing the sick.

Owens-Adair married LeGrand Henderson Hill, one of her father's farmhands, at age 14. She and her husband journeyed to Yreka, Calif., to join the Gold Rush. There she gave birth to her son George, at age 16. The marriage was not a happy one. Her husband lost the family home to foreclosure and could not hold a job. The family suffered from poor living conditions and malnutrition, and Hill began to physically abuse his wife and child. Fearing for George's well-being and her own, Owens-Adair divorced in 1859, despite enormous social stigma against the act. At 19, she took back her maiden name and became a single mother, working odd jobs to support her son while completing her education.

Returning to Roseburg in 1867, Owens-Adair began her professional life as an entrepreneur, running a millinery shop for six years. She also became involved in the woman's suffrage movement, organizing Susan B. Anthony's visit to Roseburg in 1871. However, she ultimately wished to pursue her lifelong interest in health care. While women in Oregon had few opportunities for health education, Owens-Adair found a local doctor willing to loan her his medical books. She began her preparations through studying these books and providing lay care to her community.

Owens-Adair's involvement in the women's suffrage movement was a key part of her ability to complete her medical education: Oregon suffrage leader Abigail Scott Duniway cared for George while Owens-Adair traveled east to attend medical school. She earned a degree from the Eclectic Medical College in Philadelphia, and an MD from the University of Michigan in 1880.

In 1881, Owens-Adair returned to Oregon. She is often described as "the first woman doctor in the West," though historians might dispute the honor. Her MD degree distinguished her from previous women practitioners, who worked in the capacity of a physician, but lacked formal training. Owens-Adair established a successful medical practice, specializing in treating women and children. Her son George also became a doctor. At age 44, she married Col. John Adair, a childhood friend. The couple moved to Astoria, where they operated a farm while Dr. Owens-Adair practiced medicine. Unfortunately, the second marriage also ended in divorce in 1907.

Owens-Adair was committed to another social movement whose legacy is less celebrated. Like many doctors and scientists of the time, Owens-Adair believed that socially undesirable traits such as criminal behavior, mental illness and developmental disability were hereditary, and could be controlled through eugenics. Owens-Adair was a proponent of one of the most infamous practices of eugenics, the mandatory sterilization of those whom authorities found unfit to procreate. In 1922, she published *Human Sterilization: Its Social and Legislative Aspects*, a nationally recognized work. Her writing reveals that, like many of her colleagues, she was motivated by a genuine concern for human well-being. She advocated for the 1925 Oregon statute that created the State Board of Eugenics. More than 2,500 individuals in Oregon's prisons and mental institutions were forcibly sterilized as a result of this legislation. The law was in place until 1983.

Owens-Adair retired from her practice at age 65, but continued her work in social reform movements. She died in 1926. Much writing on Owens-Adair celebrates her as an inspiration to women physicians, glossing over her deep commitment to the eugenics movement, which is an inconvenient part of the narrative. However, all physicians can benefit by observing that even exceptional practitioners can, with the noblest intentions, misapply the principles of the profession. •

Paddle, pedal, swoosh, repeat

Father and surgeon Thomas Molloy enjoys mix of outdoor activities

By Jon Bell
For The Scribe

There's a pretty good reason that **Thomas Molloy, MD**, didn't get into cross-country skiing until he was in medical school at Dartmouth College.

He grew up in Arizona.

"It wasn't really the prime area for skiing," Molloy said, "but in New England, you could ski out the back door."

Molloy, who serves as the medical director of cardiovascular surgery at Adventist Medical Center's Northwest Regional Heart Center (NRHC), ended up becoming an avid skier, and though it started out as a recreational pursuit, he eventually crossed over into the competitive side. In fact, Molloy has competed in several world masters competitions; the last one he was in, four or five years ago, he placed 14th in his age group.

Since then, however, family life has taken precedence for Molloy, a father of four children ranging in age from 2 to 7. He hasn't competed at the world masters level recently, but he still competes in local races and ski marathons in places such as Bend and Sun Valley, Idaho. Molloy has also skied the famous Haute Route, a 115-mile route between Zermatt, Switzerland and Chamonix in France, and he's climbed a few of the local Cascade peaks, including Mount Hood and Mount Adams.

A cyclist who rides his bike to work at Adventist or Oregon Health & Science University from his home in Irvington every day, Molloy roller skis in the off-season to keep in skiing shape. He also rows regularly and he plies the waters of the Willamette on a surf ski, a long, narrow, sit-on-top kayak. And when he's not doing any of those, Molloy enjoys fly-fishing and just plain flying.

He has been a professional pilot for years and also was a flight instructor in college. Flying is something that he first got interested in as a young boy in Arizona. In fact, Molloy actually got into medicine thinking he might become either a rural doctor or perhaps a flying one. He originally thought he'd go into a field that had a short residency, but while on a rotation in Scotland he got exposed to surgery, which changed his plans.

"There are kind of different personalities of people who go into medicine versus surgery," Molloy said. "In surgery, there's more of a kind of immediate gratification and you can have a more immediate impact. That's why surgery appealed to me."

He completed his general surgery internship at Virginia Mason Hospital in Seattle in 1982 and his residencies at the University of Arizona between 1985 and 1987. Molloy practiced with Northwest Surgical Associates, served as the surgery division chief for Legacy Health and was chief of cardiothoracic surgery for the Franciscan Health System in Tacoma, before returning to Portland a few years ago.

He said he's been doing minimally invasive heart surgery for about a decade now, with a more recent focus on robotic surgery. Interestingly, one of Molloy's colleagues when he was an intern was Fred Moll, who is now considered one of the pioneers in the development of robotic surgery technology. Moll founded Intuitive Surgical, the company behind the da Vinci Surgical System, which Molloy and many other surgeons use today.

Though his career keeps him busy—NRHC is one of the busiest robotic heart surgery programs on the West Coast—Molloy finds time to pursue his other passions and stay active. He regularly flies himself to various medical conferences, and two of his children have begun following in their father's ski tracks.

"My two daughters are actually good skiers," Molloy said. "They're going to be better than me pretty soon." •

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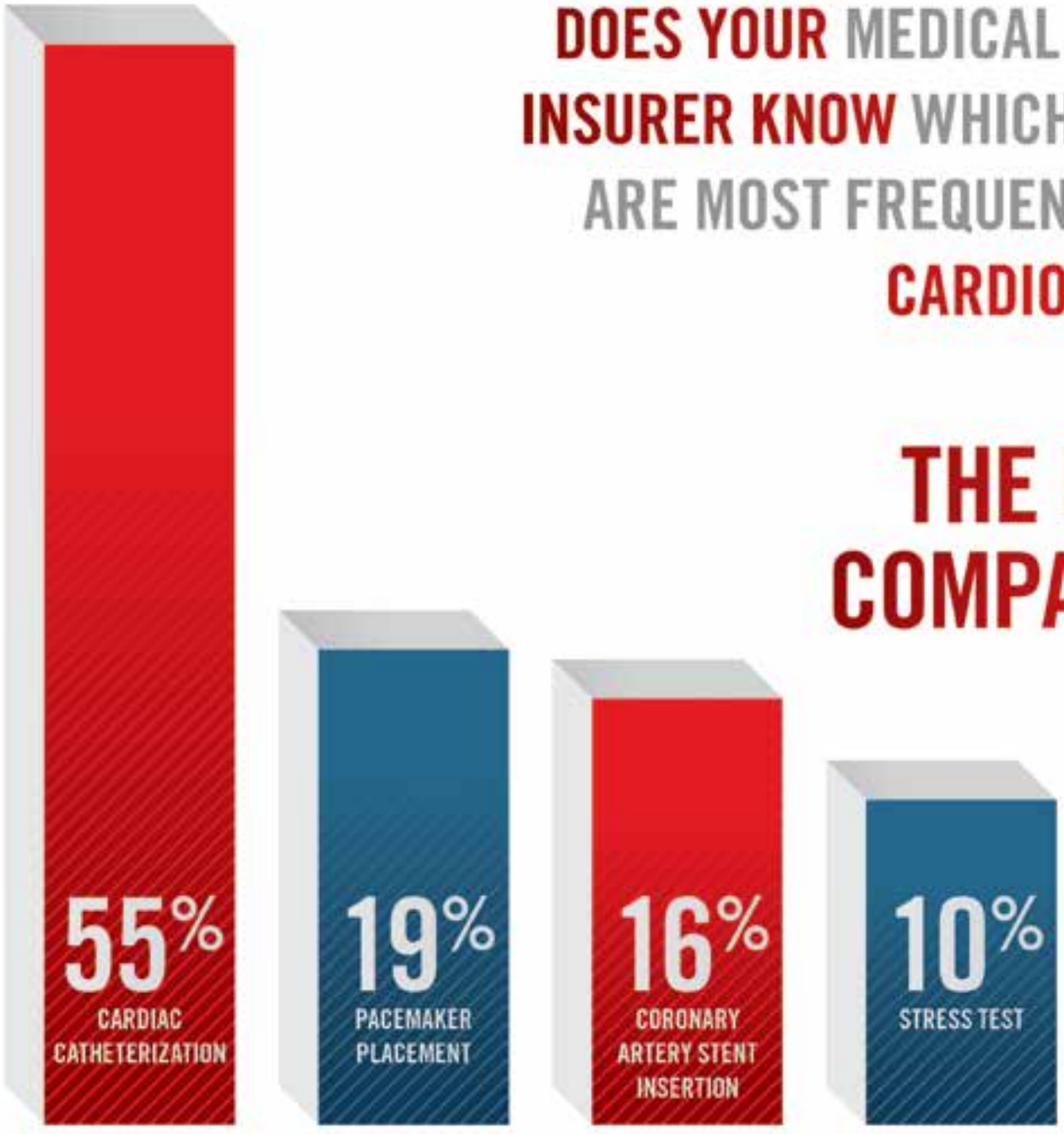

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