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2019 President's Inaugural Address

by Jeffrey B. Studebaker, M.D.

Good evening, welcome, and thanks to all of you who have come out tonight.

Thanks to all of my colleagues who have believed that I deserve this position of honor.

My thanks to Dr. Mike McCullough, my predecessor and Presidential role model.

My special thanks to Connie Mahle and Gerri Creel for all of your help in bringing this together. Thanks to the staff of the UD Marriott for their hard work bringing about this event.

Thanks to my family members who are here tonight, especially my wife Vicki: my partner, best friend and sounding board.

Thanks to my fellow workers at Studebaker Family Practice, and invited guests from Premier Health.

We are blessed in Montgomery County to have physicians in the community who are active beyond our borders. Dr. Andarsio, now president of the Ohio State Medical Association, is spearheading an effort to address physician burnout. Dr. Lisa Egbert and Dr. Deepak Kumar continue to participate as Ohio Delegates to the AMA, and Dr. Egbert is planning to run for AMA vice speaker. Our very own Dr. Gary LeRoy was recently elected as President-elect of the American Academy of Family Physicians. Many additional members of our county society have participated in legislative and lobbying efforts at the state and national levels. Montgomery County is a shining example for counties across Ohio for our medical organization.

I grew up in the 1960s, in what seemed to be wild times: the assassinations of President John F. Kennedy, Robert Kennedy, and Rev. Martin Luther King Jr.; the Beatles and the ensuing "British invasion"; the Vietnam War; the election of Richard Nixon; and Woodstock. I finished high school, college, and medical school in the 1970s, and again felt like I was living in wild times: the shooting of four students here in Ohio at Kent State University by national guardsmen; the resignation of President Nixon; the withdrawal from Vietnam; and the United States Bicentennial celebration.

In the last ten years, we've seen unprecented changes in health care: the Affordable Care Act, the establishment and dis-establishment of the SGR, and a new emphasis on "meaningful use" of electronic means of documenting and communicating medical information about our patients.

Perhaps those times have prepared me for what seem to be even wilder times today.

Whether or not you voted for him, no one can say that the presidency of Donald J. Trump so far has been boring. Between President Trump and his predecessor, our society has been polarized in ways seldom seen before. Furthermore, the battle over the confirmation of Brett Kavanaugh as Supreme Court Justice was as polarized and polarizing as any process I can recall in my lifetime. As physicians, we continue to watch and wait to see how activities and events in Washington, DC affect healthcare delivery.

We continue to experience division over multiple social issues that directly or indirectly impact physicians and healthcare.

We are divided as physicians over violence involving firearms, and the control of those firearms. There are physicians who see any new legislation limiting firearm possession as abridgment of the Second Amendment of our US Constitution, while others would withhold political support from any candidate who has accepted NRA contributions. And though I cannot say with certainty, I would not be surprised if there are physicians in this country who would support house to house confiscation of firearms. While we all deplore senseless and violent death, we cannot easily agree on the best means for preventing it.

We are divided as physicians over the dilemma of the uninsured and underinsured. There is disagreement over whether the Affordable Care Act is overregulated, or

merely underfunded. Interestingly, there continues to be a lack of clear consensus among legislators over this very issue. The fact that it has recently been declared unconstitutional does little to nothing to settle the issue. If anything, it has intensified the polarization that has characterized the legislation since it was first introduced.

We continue to struggle with the ongoing opioid crisis, and how to deliver compassionate care without exposing our patients to undue risk of overdose, or exposing ourselves to the risk of our prescriptions being diverted into the black market.

In an effort to contain the cost of healthcare, society in general cries out for price transparency. As physicians, we struggle to fulfill transparency in an environment where deductibles, copayments, and insurance company contributions are in nearly continuous flux.

With each Supreme Court Justice retirement, the subject of Roe v. Wade surfaces yet again. I'm inclined to believe that some physicians would oppose any restrictions on abortion. Others want to see abortion safe, legal, and rare. Others still would like to see abortion outlawed altogether. Currently, our Ohio General Assembly has attempted to outlaw abortion once a fetal heartbeat is audible, and may seek to override the governor's veto. Even so, it seems we still haven't arrived at a consensus regarding when life begins.

We continue to struggle with issues relating to the independent practice of medicine compared to the corporate practice of medicine. As a former member of the medical staff of Good Samaritan Hospital, I'm still in a grief process over the closure of that institution. As an independent practitioner for more than 30 years who has become an employee of Premier Health in the last two years, I continue to struggle with that adjustment as well. There are physicians in our community who advocate a concept called direct primary care, believing that it holds the key to salvaging independent medical practice.

Dr. McCullough recounted the history of our Montgomery County Medical Society last year, so I won't repeat that tonight. Initially, our organization was concerned about containing epidemics. Today, we must be concerned about the future of healthcare from multiple standpoints, such as legislation and advocacy. I wonder what our Society will be like in 50-100 years, how it will view what we're doing now.

I believe that, in changing times such as these, what can bind us together and drive us forward is the care of, and advocacy for, our patients. However we feel about gun control, healthcare costs, the structure of medical practice, and abortion, our patients rightly continue to stand in the center of our vocation. We must never lose sight of them.

Clearly, we have a long way to go to fully address these issues. The debates will likely extend beyond 2019. I invite my fellow physicians to participate. I believe we have a better chance to favorably influence legislation if we can reach some semblance of consensus.

Hopefully, in 50-100 years, our membership will be able to note that we have taken steps to leave a legacy of benefit to the people of this region as well as to the medical profession.

Again, thank all of you for coming out tonight. I look forward to serving you over the course of this year.

Guests and Highlights of 2019 MCMS Annual Inaugural Meeting Saturday, January 12, 2019

MCMS President Jeffrey B. Studebaker, MD

OSMA President Evangeline Andarsio, MD

State Reps,. Niraj Antani and J. Todd Smith

Master of Ceremonies,
Matthew Studebaker, M.D.

A Certificate of Appreciation
for Dr. McCullough

Dr. Studebaker Taking Oath of Office

OSMA FIFTY YEAR AWARD RECIPIENTS

Dr and Mrs. Henry Maimon

Dr. and Mrs. Pani Akuthota

Dr and Mrs. Homayoun Mesghali

Dr. Mohammad Motekallem

MCMS & OSMA Providing Leadership in the Midst of Ohio's Opioid Crisis

by Wm. Michael McCullough, Jr., M.D.

Physicians established the Montgomery County Medical Society in 1849 mainly in response to a devastating cholera epidemic that was killing 15 to 20 Dayton area residents per day that summer. When adjusted to Dayton's current population, it would be the equivalent of our city losing about 14,000 souls per day just this past summer! Presently, within the context of our opioid crisis, overdose deaths have declined, but unfortunately do continue at an alarming rate. Ergo, Dayton area physicians are once again called upon to provide leadership at a critical time in our region's history.

It has been my pleasure as Montgomery County Medical Society President this past year to advocate for prescribing policy change & other initiatives that help mitigate our opioid crisis. Dayton unfortunately gained national recognition as ground zero for opioid related deaths in 2017. Through physical-led organizational leadership we are making some positive differences by utilizing both educational awareness and improved treatment resources. As we know, about 30% of opioid addictions begin in the clinical setting. In 2018, data was released showing a 10% drop in opioid prescriptions nationwide for the first time in 20 years; Ohio data reflects a similar decrease. Progress continues locally, however much work is ahead as we seek better funding & access to needed recovery services.

Learning more about opioid addiction has broadened my perspective and motivated me to be part of the solution. Last year, for example, I attended a Families of Addicts (FOA) presentation sponsored by the South Dayton Metro Regional Chamber of Commerce. The speaker and FOA founder, Lori Erion, has received national recognition as a positive source of education, empowerment, and acceptance. She shared from personal experience how terrifying it is for a parent when your child becomes addicted to heroin, and how it adversely affects virtually every aspect of one's life — emotional tolls, relational fractures, and endless financial drain. She cited one statistic that parents of addicts have greatly diminished work productivity. Full time work is actually only about 0.4 FTE at best, while in the midst of a child's opioid debacle. Sadly, Lori describes an example of her daily agony, "Your addicted child will constantly blow-up your cell phone all day long such that you are emotionally and physically exhausted. Anything you do at you job suddenly takes low priority". Please visit the FOAFamilies.org website to learn more about how Families of Addicts provides support and resources to those loved ones who are severely affected by this crisis.

The opioid crisis takes a stressful toll on many physicians who are serving the front lines in emergency rooms, hospitals, & clinics. Simply disheartening to see so many souls succumb to addiction. Physician burnout can lead to depersonalization with accompanying disengagement. We must remember that addiction is a chronic medical and behavioral disease, often with a ruinous outcome. We must drop the societal stigmata of past and embrace the human spirit of a healing future. Indeed, without intervention heroin overdose (fatal or not) is virtually always the end-stage expression of this terrible addiction. Even more focus on early intervention and prevention are paramount.

We're inspired that our community is now mobilizing resources to help mitigate our battle against opioid addiction. As physicians working collaboratively, we are surfing theses stormy waves of change to make a difference for our patients, their families, and the Dayton community as a whole. Blessings to our doctor teams who find meaningful healing interactions with opioid crisis victims and care teams. As a community, it's imperative that we continue helping to provide education and treatment resources to overcome this devastating disease. Together we can & will continue to make positive impact on behalf of all those we serve!

Dr. McCullough is a specialist in obstetrics/gynecology. In addition to caring for his patients, Dr. McCullough is past-president of Montgomery County Medical Society. He previously served as chief of staff at Kettering and Sycamore Medical Center

OSMA Focusing on Physician Well-Being

by Lisa B. Egbert, M.D.

The Ohio State Medical Association (OSMA) wrapped up a strong year of advocacy in 2018 and is already well underway with making plans to influence effective regulatory changes and strengthen physician well-being efforts in 2019. Please see the OSMA Advocacy Report online at www.osma.org for further details.

Our own Evangeline Andarsio, MD, OSMA President, has made the well-being of physicians the hallmark of her tenure as president since she took office last April, and for good reason. Research has shown that the additional burdens of being a physician – the "red tape" of regulatory requirements, paperwork, unfunded mandates, and more – can impact a doctor's ability to strike a healthy personal-professional life balance.

A decline in physician well-being can negatively impact patient care, which is why Dr. Andarsio believes it is so important to focus on assuring that a physician's personal physical and mental health are not neglected. To address this issue, the OSMA is in a unique position to bring together physician and research experts from across the state to create actionable initiatives to address physician burnout and concentrate on and enhance physician well-being.

Under Dr. Andarsio's leadership, the OSMA Physician Well-Being Committee has been established. This committee is comprised of more than 20 physicians and physician well-being experts from across the state, and I am honored to be among them. We are currently working on three main projects:

- A survey of Ohio-based hospitals and health systems to benchmark the current physician well-being programs. This also includes surveying the state's medical schools to measure the well-being initiatives designed for medical students.
- The development of an online hub where all Ohio physicians can find resources designed for the individual, institution, state and national levels. (www.osmawellbeing.org)
- The creation of a special physician well-being track at the OSMA Annual Education Symposium on Friday, April 5, 2019.

This work is expected to continue beyond Dr. Andarsio's tenure, as president-elect Susan Hubbell, MD, of Lima, who will take office at the OSMA Annual Meeting in April 2019, has already committed to continuing the effort to address physician burnout.

Dr. Hubbell plans to expand on the issue by addressing one of its root causes – aggressive regulatory burdens. Dr. Hubbell has said that she plans to lead efforts as OMSA president to address state medical board measures and other regulatory and legislative actions that impact items not directly associated with physician-patient interaction.

You can learn more about the efforts of Dr. Andarsio and Dr. Hubbell to address physician burnout at the OSMA Annual Meeting in Columbus on April 5-7. All are encouraged to attend! For more information about the OSMA Annual Meeting and the OSMA Physician Well-Being Committee, please visit our website at www.OSMA.org.

A New Dawn In Healthcare

by David A. Westbrock, M.D.

Horizons. What do you think when you hear the word, a far distant destination or an unattainable future? Does it seem to represent an unattainable goal, the earth and sky coming together in a place no one has been? It so happens the title of my new book, A New Dawn on the Horizon of Health Care, looks at our medical situation, where we have been and how we got here. But it ends with the promise of a better tomorrow, when doctors and patients may again control their mutual destinies, autonomy in the health marketplace.

There was a time I call the golden age of medicine, when technological and research advances were at a peak level and patients could see their physician for an affordable, nominal fee and be satisfied that their questions had been answered and their concerns adequately addressed. That of course was when government did not exert a heavy hand and insurance companies were charged merely with covering very high cost medical procedures and hospitalization.

We have entered a new era in health care delivery and financing mechanisms as the reason that most Americans agree is the most dysfunctional segment of our economy, both because costs are too high and rising rapidly, and that doctors do not seem to have the time they once had to actually take care of patient needs. A survey of 1700 adults by the Physician Foundation[1] revealed that 95% of patients were satisfied with their primary care physicians, despite only 11% satisfaction with the time spent in an office visit. While patient satisfaction surveys are hard to come by, physician morale is at an all-time low. The majority of practicing doctors feel their time to see patient is always or often limited and 78% are "burned out." Several factors, including subjugation to EMRs, regulation of diagnostic independence, sham peer review, and overall control of practice by government, insurance and hospital are major factors leading to less time with patients, family and lower quality of life. Physician suicide rates are the highest of any profession. Between 28-40 suicides per 100,000 is more than twice that of the general population.

Many physicians are afraid of the federal police who may raid their offices and seize their assets, Medicare enforcers, DEA in enforcing restrictions in drug laws, and plaintiff's attorneys looking constantly for excuses to sue the doctor. They are afraid of the National Center for Quality Assurance (NCQA) that may rate doctors' performance inadequate without due process. For all these reasons, most doctors just want to be left alone to practice medicine and not put themselves at risk. Approaching a majority, doctors are working for hospitals for a salary and lesser hassles. But are they - are you - happy to have yet another boss?

But the free market system has not died; it is merely in hibernation. Three essentials are necessary in a free market economy-that which is supposed to be our system. They are competition, transparency and personal responsibility. The current system contains none of that, but it is the only way to achieve high quality at reasonable cost.

The most recognized alternative to traditional outpatient practice is the concierge practice or direct primary care model. In the first model, patients pay an annual retainer and an office fee which would be billed to the insurer. These fees vary with demography and ancillary tests generally covered as part of the visit. The direct primary care model does not bill insurance, which may save the medical office overhead burden and heavy discounting that is essential to the managed care scheme. Direct Primary Care (DPC) most often bills patients on a monthly basis, usually less annually than the concierge model.

According to the publication, "Concierge Medicine Today"[2] either model is recognized by the Patient Protection and Affordability Act of 2011 (ObamaCare) as long as it is accompanied by catastrophic insurance coverage. One other

advantage is truth in advertising. Such models require cost transparency for any non -routine ancillary test that is ordered, and in many practices these additional test are contracted at steep discount (i.e. MRIs, special blood tests). This model also does away with the arcane coding system now consisting of 50,000 separate diagnostic codes. Doctors may choose electronic records for patient information or use paper record keeping. Most doctors believe such a change will give them more time to spend with their patients and less time and expense staring at the computer and performing data entry rather than patient care.

Local physicians who are very successful are Barry Taylor and Dan Whitmer (concierge practice) and Pat Jonas (direct primary care). Two accept no insurance, and operate via an annual retainer or a monthly subscription fee. Dr. Taylor makes house calls and follows his patients in hospital. He has a single employee and keeps track of income very simply. He calls his practice "a paradise of medicine." Dr. Whitmer's concierge practice is slightly different, as his specialty is family practice, serving entire families. Dr. Jonas started his direct primary care practice in 2012. Most of his patients are uninsured but able to afford his monthly "club" fee. In the past 6 years he has seen upwards of 2000 office visits and offers more time for education including some alternative medications.

Dr. Josh Umber, head of a Wichita based practice, started his medical career as Atlas MD, pre-paid family practice charging $10/ month for children and $50-75/ month for adults based on age. This covers unlimited office visits without co-pays, phone calls (the physicians answer phone calls themselves), EKGs and house calls. They communicate through chat rooms, text messages and e-mails. Drugs offered through their office are discounted as much as 95%, and radiology as much as 80%. Laboratory fees are discounted to a fraction of what insurance allows.

The new era of medicine is accelerating at a fast pace. Since I have been involved in medical policy issues and change for the past 30 years, I decided that these changes should not be left to others. In the last quarter of 2018, I founded Consumer 1st Digital Health Network, based on a business plan I conceived 10 years ago. The goal is to re-establish patients to be in charge of health care and to renew the doctor to patient relationship. It is based on the 3 principles noted above, competition, transparency and personal responsibility. The network will not establish fees but leave it to member physicians to determine. The only requirements will be to publish fees and to document charges no matter the method of payment (cash, check or HSA card). We are working with small employers to lower their costs and to provide quality care for their employees, based on consumer driven health plans via little known existing financial instruments. I have already preliminarily received interest from many of our colleagues.

Wherever this "new dawn" of medical practice is taking Americans, and whatever form your practice takes, doctors must be in the driver's seat to make sure that new technologies and innovations are not just more efficient for those running the system, but for patients primarily and only physicians, not bureaucrats, insurance executives or hospital administrators can make that happen.

Now is the time to catch the medical freedom train.

1 https://physiciansfoundation.org/wp-content/uploads/2018/01/Biennial_Physician_Survey_2016.pdf

2 https://conciergemedicinejournal.com/2017/12/06/fueled-by-health-law-concierge-medicine-reaches-new-markets/

Important Things I Never Learned in Medical School or Residency

by Annette Chavez, M.D.

I am the very fortunate recipient of an excellent medical education at The Ohio State University College of Medicine and the St. Elizabeth Family Practice Residency Program.

I cannot fault my attendings and preceptors for anything. However, I did have some gaps in my training and had to learn some things the hard way. I thought I would compile a list of lessons that I had to figure out on my own. Maybe others can benefit from my mistakes!

1. **Cover up your patients**

I was in my first year of private practice, slowly building up my patient base. One day I entered a room to see a new patient, a 25 year old man with hemorrhoidal pain. My nurse had told him to disrobe and put on a lap sheet. When I walked into the room I was surprised to see that the young man was sitting on the exam table, unclothed from the waist down. The lap sheet sat neatly folded on the table behind him. I was so unnerved by this that I dared not look below his neck, and glanced only at the ceiling or upper corners of the walls during the interview. I completed the history and physical exam, wrote him a prescription and answered his questions, then practically ran out of the room.

I have since figured out what to do in this situation. I just grab the sheet, unfurl it and place across the patient's lap while saying something like "Here you go! You forgot this!" or "Let's get you covered up!" Then the visit can proceed without great psychic discomfort for the doctor.

You might think me a bit dense for not thinking of this solution earlier but it had never happened to me before. Since then I have had this happen occasionally and it is usually men who do this, for reasons unclear to me. At any rate, this situation is easily defused with a simple gesture!

2. **Never guess who the other person in the room is**

OK, I did learn this in medical school but no one ever warned me about it. I was a third year medical student assigned to do an admission history and physical on a man who was being admitted for elective surgery. The youngish – appearing man had brown hair and was accompanied in the room by a gray-haired elderly appearing woman. I introduced myself to them and then asked the woman if she was the man's mother. The man just about split his gut laughing while the woman drilled two laser beams through my head as she tersely announced that she was his wife. Whoops. I stumbled over myself apologizing but the damage was done and she hated me from then on.

The solution, of course, is simple. Even if you think you know who that person is sitting next to your patient, never, ever take a stab at it. When I worked part-time at Hospice of Dayton, I would enter patient rooms that sometimes were loaded with people. It is impossible to know who they all are. My stock phrase which never got me into trouble was "Are you family?" or "Are you related?" Sometimes I got an indignant "I am his wife, of course!" when I might have guessed daughter or sister or mother. Better to be seen as dim rather than insulting.

3. **The attendings you thought were old and out of touch were (mostly) not**

When I was a senior resident, I am embarrassed to say that we made fun of some of the older attendings. We considered ourselves very knowledgeable and thought that some of those old goats that we saw in the doctor's lounge or on the floor were practicing medicine from the last century. We even had a famous story of one family doctor who was probably about 60 at the time. One of his patients coded and the old doctor ("Dr. B") ran into the room after the residents had initiated the code. The following conversation ensued.

Dr. B: "What is going on?"

Resident: "He arrested and is in EMD"

Dr. B: "What is EMD?"

Resident: "Electromechanical Disassociation."

Dr. B: "What is that?"

Resident: "When there is a rhythm but no pulse."

Dr. B: "Oh."

Dr. B then told the residents to keep doing what they were doing and fled the room. We residents chortled about that one forever. How did Dr. B not know about EMD? (EMD is now known as PEA– pulseless electrical activity.)

In retrospect, as I have advanced to about the age that Dr. B was when we were finding fault with him, I think he was actually a fine doctor who just didn't run codes. I now respect the knowledge of my medical elders and the years of experience that helped them treat their patients with care and expertise. It is different when the tables are turned! I have learned that it takes work to stay informed, educated and relevant. Those older physicians from my residency days had a lot to offer their patients.

4. Acknowledge your patient's death

This might also strike you as obvious but I had to learn this the hard way also. I experienced the deaths of some of my patients as a medical student and resident. When that happened, I felt bad about the person and maybe the circumstances of their demise. But I never reached out to the surviving family members. I just went about my life as usual. Then in my second year of private practice, my father died. Our family received an outpouring of support from many friends, family, his former students and colleagues, and our family doctor. I took great comfort in knowing how many people loved and respected my dad and how they took the time to show it.

I also was suddenly horrified to realize that I had not done anything for my patients when they died. Shortly after my father's funeral, I called an elderly patient whose husband had died about a month earlier. I told her how sorry I was about her husband, who was also my patient. She replied "I have been waiting for you to call me!" I apologized profusely and explained to her about my new insight on the death of a loved one. She forgave me and continued as my patient until her own death a few years later.

What I have done ever since then is at least one of the following: I call the surviving family member, attend the viewing or funeral, or send a condolence card. I have had family members express their gratitude for a simple card or a phone call and it gives me a chance to let the family know that it was a privilege for me to serve as their loved one's family physician. I am grateful to have learned this important information early in my career and am sure to let my medical students know how to respond when a patient dies.

5. Acknowledge a miscarriage

This can be a tough one. A number of years ago, a colleague and his wife suffered an early pregnancy loss. I felt bad for them but shockingly never said anything nor did I send them a card. I guess I felt it was not the same as losing someone who had actually lived for awhile.

My opinion on this changed when it happened to me a few years later when I suffered a second trimester pregnancy loss and we were never able to have children after that. I was surprised to learn by this experience how difficult it was to lose someone who was never even born. I found that even medical professionals can be very uncomfortable with the idea of a pregnancy loss. Your patients will be very grateful if you acknowledge that they lost a baby and provide support to them in their grief.

6. You can care for children effectively even if you don't have any of your own

When I was a medical student, I did an ambulatory pediatrics rotation with a very busy group in Columbus. I noticed that the parents often asked the younger male attending if he had children of his own. He of course said yes and the patients seemed comforted by the fact that he really understood what they were experiencing. When I became a resident and then an attending, that interaction haunted me because I thought that my patients would not respect me taking care of their children. I have practiced for 30 years now and people either assume I have children or they rarely even ask. They just seem to trust my training and experience. I cannot say that I know what it is like to raise children, but I can tell patients how to take care of them. I give advice on potty training and getting kids to sleep in their own beds as well as how to take their antibiotics or what immunizations are needed.

The best proof that I have been successful is when I have had young parents tell me that their kids like to

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play doctor, but they call it "playing Dr. Chavez". Another parent once told me that her young son asked her if boys could grow up to be doctors too. Yet a third 10-year old child proudly and formally introduced me to his 2 little friends who had accompanied him to the doctor visit. And he pronounced my name correctly.

I liken this situation to the healthy oncologist caring for patients who suffer from cancer, the fit cardiologist caring for people with severe heart disease, the infectious disease specialist who has never had a serious infection but cares for AIDS patients. What matters is learning your subject matter well and caring about your patients.

7. **Always touch your patient**

I have had the occasional patient who complains that they saw a specialist and "that doctor never even examined me!" People have an expectation (unless you are a psychiatrist, I suppose) that you will lay hands on them. That is as much a part of the therapeutic process as the prescription you write. Even if a patient comes in for a psychiatric reason such as depression or anxiety, I always listen to their heart and lungs, at the very least. I of course listen to them and counsel them, but I really believe that patients benefit from that very personal interaction of your hands on their bodies as you thoughtfully examine them.

8. **Rules of residency**

I did learn these when I was a resident but I think that they bear repeating as I am not sure that they have made their way through the years to the current younger generation.

a. Never pass a bathroom. (If you hold your urine too long, you will suffer acute urinary retention when you someday have to have surgery.)
b. Never run when you can walk. (You will arrive breathless to the code and will be no good to anyone, especially the patient.)
c. Never stand when you can sit. (You have to conserve your energy when you are working long hours.)
d. Never skip a meal. (I started missing meals as a resident and was rewarded with killer migraine headaches. It's not worth it.)
e. Always sleep at the first opportunity. (You never know when you might have another chance!)
f. Piss and pus must come out. Corollary: Never let the sun set on an undrained abscess. These are Dr. Robert Turk's rules of surgery. Never forget these.
g. The only reason not to do a rectal exam is if the patient doesn't have a rectum or the doctor doesn't have a finger. Corollary: If you don't put your finger in it, you will put your foot in it!

So that is the list. If you have younger colleagues or medical students in your friend or family circle, please feel free to share this article with them. I hope they can learn from my experiences and their patients will benefit from their insights.

Angela Dunaway, Stephanie Clark and Beth Brown at the Holiday Luncheon

Jeanie Kupper and Angela Dunaway at the DLM Autumn Cooking Class

MCMSA members at Brio Luncheon

Alliance Happenings

by Jeannie Kupper, Past MCMS Alliance and OSMA Alliance President

The Montgomery County Medical Society Alliance (MCMSA) started off the Fall season with an October floral arrangement class held at The Flowerman. Members and friends attending were able to make beautiful Fall flower arrangements that they were able to take home. Following the class, everyone enjoyed several Fall pumpkin deserts.

In November, our members and their guests gathered together at the Dorothy Lane Market (DLM) Culinary School in Centerville for a very informative autumn cooking demonstration and lunch. DLM professional chef Julia Hoy designed and prepared a special (and delicious) menu for us to eat. We learned some of her special cooking techniques and she gave us many great tips for holiday entertaining.

Our annual Holiday Luncheon was held at NCR Country Club in December. Members and friends of the Alliance generously donated many gifts and baked goods that were auctioned off. All of the monies raised from the silent auction, as well as numerous bags of donated items, were given to the YWCA Domestic Violence Center. Also in December, our Holiday Sharing Card fundraiser was very successful and all of the monies raised from this will be used to award scholarships to medical, nursing and allied health students at Wright State University and Kettering College this spring.

MCMSA started the New Year with "Ladies Day Out" at The Greene. Several of our members got together in January for lunch at Brio Tuscan Grill, followed by some shopping time.

"A Valentine Afternoon Tea" was our program for February. Our members and guests enjoyed a lovely Valentine Victorian High Tea followed by a guided tour of the Patterson Homestead. Those attending had a history lesson about Valentine's Day as well as a Dayton history lesson about the Patterson family.

MCMSA Members and Friends at the Valentine's Victorian High Tea

Touring the Patterson Homestead

Upcoming Programs

Tuesday, March 12, 2019
"Forcing Bulbs for Spring!" at Furst Florist

Wednesday, April 10, 2019
Women's Health Program at Kettering Medical Center

May Officer Installation - TBA

If you are interested in becoming a member or would like more information about the Montgomery County Medical Society Alliance (MCMSA), please contact Membership Treasurer Shirley Nicholson at (937) 434-8507.

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