

# DAYTON MEDICINE

The Journal of the Montgomery County Medical Society

Volume 75, No. 2

October- December 2019



*MCMS Congratulates Lisa Egbert, MD, as she was recently elected AMA Vice-Speaker and Deepak Kumar, MD, Chair-elect, AMA International Medical Graduates Governing Council*

## We're Making A Difference!

by Shirley Nicholson

The Montgomery County Medical Society Alliance Annual Installation of Officers was held at the NCR County Club on May 7<sup>th</sup>, 2019. The new President is Angela Dunaway. The Vice President is Karen Vukin, Recording Secretary is Pat Templeton, Corresponding Secretary is Kalp Shah, Treasurer is Stephanie Clark, and Membership Treasurer is Shirley Nicholson. Jeannie Kupper was the Installing Officer. The Alliance raised \$ 23,250 to present to Wright State University for scholarships for medical and nursing students.

Our 1<sup>st</sup> meeting was held on September 17<sup>th</sup> at President Angela Dunaway's home. Drinks and Appetizers were served on her beautiful patio. Then we had a Mexican Fiesta Luncheon and Cooking Demonstration by Chef Santiago. We had a delicious lunch of Chicken sopes, street corn and French Macarons.

Our next meeting will be in October at Hidden Valley Farm. Please consider joining us. For more information contact Shirley Nicholson at 937-434-8507.



From (r) to (L) Beth Salama, Kanna Muthiah, Charlie Phillips, Reena Goyal and Shirley Nicholson



(L-R)Karen Vulin, Angela Dunaway, Shirley Nicholson, Kalp Shah, Stephaie Clark, and Pat Templeton as Jeannie Kupper installs



Angela Dunaway welcomed Chef Santiago and his assisant to her home in September



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OSMA District Two Councilor
Lisa B. Egbert,, M.D.

Ohio Delegate to AMA
Lisa Egbert, M.D.
Deepak Kumar, M.D.

MCMS Alliance

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Plan to Attend
MCMS Annual Meeting
Saturday, January 11, 2020
6:30 PM - Marriott /UD Hotel
Inaugural Ceremonies
for
Rajeev Mehta, M.D.
as 171st President
Cocktails and Hors d'oeuvres at 6:30PM
Dinner and Program to Follow
\*Also\*
Come and Celebrate the Recipients of
2019 Fifty-Year Award:
Ramaswama Bathini, MD
George R Brown, MD
Calvert R Busch, MD
David J Cavanaugh, MD
Harrison Bradford Hawley, MD
Sharat Kalvakota, MD
Walter Keyes, MD
Sudhakar Maraboyina, MD
Donald Marger, MD
Vinod K. Patwa, MD
Theodore K. Payne, MD
Rafael Arturo Perez, MD
Robert A. Schriber, MD
Thomas Thornton, MD
Judith E. Woll, MD

## Keeping You Up To Date...

by Jeffrey B. Studebaker, M.D.



As we move through the autumn of 2019, I realize how eventful this year has been already.

We began in a snowstorm that threatened the inaugural event.

At the OSMA Annual House of Delegates Meeting, our own Dr. Evangeline Andarsio concluded her term as president, while still moving forward in addressing physician burnout. She is continuing to spearhead that effort.

A major disaster occurred on Memorial Day, literally in our backyards, if not closer. Historic tornadoes wreaked havoc in Montgomery County and beyond. Recovery will continue for months, if not years. Our patients in many cases will remain displaced for some time to come.

In June, Dr. Lisa Egbert gained a new “hat” as AMA vice speaker, to complement her role as our OSMA 2<sup>nd</sup> District Councilor. We congratulate her.

Dr. Deepak Kumar has been elected chair-elect of the AMA International Medical Graduates governing council. He will assume the position of chair in 2020. Our congratulations to him as well.

Early on a Sunday morning late this summer, atrocity was visited on the Miami Valley in the form of a troubled young man with a firearm unleashed on Fifth Street in the Oregon District, resulting in

senseless mortality and morbidity. Quick action by policemen in the immediate vicinity effected considerable limitation of the scope of the inhumanity, but it was nonetheless tragic. A grief stricken and frustrated public cries out to officials to “do something” to prevent future incidents, but the appropriate and effective action remains both unclear and elusive.

Later in August, the Medical Society executive committee was compelled to address the reality that our answering service had become unsustainable in its traditional form. We all have received notice that Fidelity Health Care has agreed to assume responsibility for continuing the service in a form as close as possible to that to which we have been accustomed, including the retention of most of our answering service personnel. This was the result of a process that the Medical Society Services Bureau (MSSB) Trustees and the Montgomery County Medical Society Board of Directors realized was necessary to prevent the MSSB from facing insolvency. We have hope that the quality of service we have come to expect from the answering service will continue for years to come.

On September 24, a wonderful group of MCMS physicians and their spouses spent an evening with Ohio Supreme Court Justice Judi

French in a membership meeting at the Dayton Country Club. We learned about her “conservative” approach to interpreting constitutional cases and issues, and how it differs from an approach that would use judicial power to re-interpret the constitution to conform to modern “sensibilities” (quotes are mine).

On October 7, we had an opportunity to interact with OSMA legislative personnel and our local legislators regarding statewide issues important to the House of Medicine. Please see Dr. Egbert’s report in this issue of Dayton Medicine.

One of our members, Dr. David Westbrook, is the author of a book regarding the future of independent medical practice. If you regard independent medical practice to be important to the future of American society, I would urge you to read his book and consider getting involved in the legislative process.

Soon, my term as president will conclude. I will pass the gavel to the very capable hands of Dr. Rajeev Mehta. Please stay tuned for details regarding his inaugural in January.

Once again, I cannot thank Connie Mahle and Gerri Creel enough for all their help this year!

I invite your feedback, and any comments you may have.

## A Current Legislative and OSMA Activity Update

by Lisa B. Egbert, M.D.



The Ohio State Medical Association District Two held a very successful Networking Reception on October 7, 2019 with our current OSMA President, Dr. Susan Hubbell, Immediate-past President, Dr. Evangeline Andarsio, and our amazing OSMA Staff. Special guests included our area Ohio legislators, Senator Stephen Huffman, MD, Representative Niraj Antani, and Representative Phil Plummer, Jr. All three provided updates on current and recent legislative activity and thoughts on upcoming measures that may impact medicine. This was followed by updates by Dr. Hubbell regarding her focus of creating a Healthier Ohio and improving our national rank from our current rank of 46<sup>th</sup> in the nation in health value. Dr. Andarsio then provided an update regarding her area of focus - Physician Well-being. The OSMA now hosts a website specifically focused on well-being [<https://www.osmawellbeing.org>] and will be conducting educational events around the state over the next year. Finally, OSMA CEO Todd Baker provided an update on the status of Medical Marijuana in Ohio. Please see the OSMA website for more information on advocacy and education on issues that effect healthcare today.

### CME Requirements for Ohio Licensure Renewal Changing as of October 17th

As part of this year's state budget legislation that passed in mid-July, several changes were made to physician licensure laws enforced by the State Medical Board of Ohio.

The most notable change was to the number of continuing education (CME) hours required to be completed every two years to be eligible for license renewal. While the previous requirement was 40 hours of Category 1, and 60 hours of Category 2, the new requirement strikes out Category 2 entirely and in exchange, bumps the Category 1 criterion up to 50 hours.

This new 50-hour requirement also applies to the 3-year renewal period of clinical research faculty physicians. Provisions in this section also limit the number of hours of CME a physician or podiatrist may earn through provision of health care services as a volunteer to 3 hours.

### ATTENTION:

**Anyone interested in becoming more involved in the OSMA and specifically in representing our District Two as a delegate or alternate to the 2020 OSMA Annual Meeting, March 21-22, in Columbus, OH should be watching for an email with information on how to self-nominate. This is a brand new process as the OSMA has moved to district wide representation rather than county based representation. There is a requirement that deference be given to each county to have at least 1 delegate that lives in or works in that county and the remainder can live or work anywhere in the District. Please note that all prior delegates/alternates will be required to participate in this new process in order to continue to serve. If you are interested, please make sure that your current contact information, including preferred email address, is up to date on the OSMA website: <https://www.osma.org/aws/OSMA/pt/sp/home-page>**

## My Experiences in the Time of AIDS

by Annette Chavez, M.D.



Working with premedical and medical students who are of the Millennial or Generation Z demographic makes me reflect on my personal history in medicine. As I have turned 60 and served in over 30 years of practice, I realize that these young people have no experience with the cultural events of my early adulthood. Medical students are given lists of drugs to memorize, like we were. However, they have many more to learn than we did. I can recall when many of those medicines were introduced and in which order. None of these students have had chickenpox and will likely rarely see a case as a physician. All were given Hepatitis A and B shots as children. They do not know that Hepatitis C used to be called “non-A, non-B” hepatitis. None of their peers died in childhood of invasive HIB meningitis. They have never lived in a world without MRI’s, ACE inhibitors and ciprofloxacin, not to mention robotic surgery and biologics that treat cancer, multiple sclerosis and rheumatoid arthritis. So far they have never lived through a population-decimating global pandemic.

Who knows what their medical future has in store for them?

When they learn about AIDS, it will be the same for them as for me learning about TB or syphilis in med school. It will seem like ancient history, with cases rarely encountered in clinical practice.

For me and my colleagues, AIDS was frightening, real and a threat to our very lives just because we practiced medicine.

My first introduction to HTLV-3 (as it was known then) was in my second year of medical school at Ohio State. A fellow student asked our pathology professor in class one day if it was true that a patient with that new disease was at University Hospital. Dr. Neff said yes. I think it might have been the first time I had ever heard of it. Then as a third-year student we had a young man die on our service of this infection.

In residency I cared for a few patients with AIDS and the threat to us as physicians became much more real. We heard of doctors and nurses becoming infected due to needlesticks. There was even the dentist who intentionally infected his patients by injecting them with his own HIV infected blood mixed in with the lidocaine.

When I was a resident, I was in almost daily contact with patients’ blood and body fluids.

I assisted in surgeries, performed femoral sticks, inserted central lines, did thoracenteses, paracenteses and incision and drainage of abscesses. But most especially I was delivering babies. I was soaked with blood and amniotic fluid on numerous occasions. And while repairing episiotomies, I stuck myself with needles perhaps dozens of times. I never once reported any of my needle sticks, splashes of whatever in my eyes and mouth, or having a tear in my blood-soaked gloves. I don’t recall ever being told that we should report an exposure either. If this happened to me, I am certain that it happened to my fellow residents. I never even asked them. I never discussed this with my program director or other faculty. I was too busy learning medicine.

Privately, I worried. A lot. I was single and lacking in any marriage prospects. I secretly wondered if I had been infected with HIV. That meant that I could never marry, never have children, and that I would die young. One of my med school classmates did just that – he died of AIDS. However, I believe his source of infection was not occupational but because he was a gay man. He was an infectious disease specialist.

When I was a third-year resident, an insurance agent gave us a talk about purchasing disability insurance. I thought it was a great idea and took him up on the offer. There was one little catch. I had to submit to an HIV test. The agent was very nonchalant about it, but for me it was an existential threat. If I had HIV but didn't know about it, I could just live my life for awhile. If I learned I was positive, my life would be radically changed. Could I even practice medicine? Would my career end before it even started? I took the test and waited an anxious week until I received the results. By the grace of God, I was negative.

Residency ended my serious risk of exposure, but the AIDS pandemic pounded on throughout the globe. I had a patient with AIDS in my practice, a young Hispanic gay man. I took care of him until he died. His partner gripped one hand and I held the other in his hospital room at St. Elizabeth, and we both cried when the patient took his last breath. I did all I could for that patient but there simply wasn't much we could offer patients at that time.

Another patient presented to my office with a bad sore throat. When I looked in his mouth, I discovered a raging case of thrush. I told him that he needed an HIV test. He decided to be tested anonymously through the health department. You didn't want that included in your chart in those days. Before the patient received the results, however, I had to admit him to the hospital

with what appeared to be pneumocystis pneumonia. He had an intractable case of hiccups and was miserable. I called the health department to try to get his HIV test results and they refused to tell me, even though the patient had given me his identifying number. I finally convinced the health department tech to come to the hospital to give the patient his result in person. Of course, it was positive. My patient actually survived that admission and lived about a year longer.

I have never forgotten these two men, the only two AIDS patients I cared for from diagnosis to death. I have had other patients with HIV, but they are still alive and cared for by my infectious disease colleagues.

These days, HIV is another chronic illness like diabetes or some cancers. HIV-infected patients will likely die of something else. The fear of contracting AIDS has largely passed in the US for non-surgical physicians like me.

My younger medical colleagues will no doubt face some global pandemic in their lifetimes. Indeed, it has been a mere 100 years since influenza ravaged the planet. Maybe every generation of doctors must face their own threat to their lives because they chose to become physicians. Our predecessors had no antibiotics or antivirals. Right now, we have no treatment for Zika or Dengue. In the future, antibiotic resistant bacteria may well be the cause of the next pandemic. Indeed, our world faces grave changes in the

coming decades and newer physicians will be tested perhaps more than any preceding generation of doctors. Rising sea levels, worsening droughts, wildfires, hurricanes, tornadoes and millions of displaced refugees may be the factors that bring about significant challenges for the medical community. Physicians in the future will certainly face their own AIDS pandemic, only with a different name and presentation.

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is in need of part time  
supervising physician(s)  
for contrast coverage.**

**Flexible schedules available,  
competitive pay, malpractice  
provided and CME hours if  
needed. Requirement is an  
active Ohio Medical License.  
Please call Shawn Smith at  
330-495-4821 to learn more.**

**2019 MCMS Election  
Results**

**Congratulations to:**

**MCMS 2nd Vice President:**  
Ricardo Buenaventura, MD

**MCMS Secretary:**  
John Corker, MD

**MCMS Director at Large:**  
Thomas Proctor, MD

**MCMS Director at Large:**  
Tarek Sabagh, MD

## MCMS BYLAWS PROPOSED AMENDMENTS

To bring MCMS into conformity with OSMA Bylaws, the MCMS Bylaws Committee has proposed the following amendments to MCMS Bylaws as shown below. **Bold and underlined** type reflects language to be amended. ~~Strikethrough~~ language is intended to be removed. This serves as 30 day notice for publishing and mailing these proposed amendments. A ballot will be mailed to each voting member to solicit your vote for adoption. If you have questions, please contact the MCMS office, (937)-223-0990.

### ARTICLE III. MEMBERSHIP

#### SECTION 1. General.

##### B. Eligibility

~~A physician who resides in, conducts the major portion of his/her professional activity in, or holds hospital privileges through a Montgomery County, Ohio hospital system is eligible to apply for MCMS membership. Additionally, physicians residing and/or working primarily in an Ohio County within the OSMA District Two boundaries are eligible to apply for MCMS membership. To be eligible for any class of membership other than Inactive, Member-in-Training, Student, Honorary, Affiliate or Reserved, a person must hold a limited, temporary, or unlimited certificate to practice medicine and surgery, or osteopathic medicine and surgery, issued by the licensing authority of the State of Ohio, which license must be in full force and effect.~~

~~Legally qualified physicians, licensed in accordance with Ohio statutes, shall be eligible for membership in accordance with the classification and qualifications defined below. Non-physicians may be eligible for membership in the classification of Student, Affiliate, Honorary, or Reserved member having met the requirements as outlined below.~~

##### C. Disqualification for Membership

~~No person whose license to practice medicine and surgery, or osteopathic medicine and surgery, issued by the licensing authority of the state of Ohio and which has expired, been suspended, or revoked shall be eligible for membership in this Society.~~

##### D. Disciplinary Actions Affecting Membership

~~Ohio Medical License Revocation or Termination. An MCMS member physician whose Ohio certificate to practice medicine and surgery has~~

~~expired, has been revoked, or has been otherwise terminated, shall have MCMS membership terminated automatically as of the effective date of such expiration, revocation or termination. The provisions of this section shall not apply to members who have retired from active practice or to members whose certificate has been voluntarily surrendered due to illness.~~

##### Automatic Suspension of Membership.

~~Any member who has been indicted by a local or federal grand jury on a felony count shall be automatically suspended from membership and remain in that classification until a court of law has heard and disposed of the case or the indictment has been dropped, or membership is voluntarily resigned, or terminated for non-payment of dues.~~

##### Automatic Termination of Membership.

~~In the event a member is convicted of a felony crime by a local or federal court of law, MCMS membership shall be automatically terminated.~~

#### SECTION 2. Membership Classification.

~~B. Active Member. The Active Members of this Society are those physicians who practice, work, or reside within Montgomery County or in a county within the OSMA District Two boundaries whose transfer from provisional status has been approved by the MCMS Board of Directors and who thereafter pay the appropriate dues to this Society by December 31 of each year. A physician who is duly registered to practice medicine in accordance with the laws of the State of Ohio and who resides in, conducts the major portion of his/her professional activities in, or holds primary hospital privileges in Montgomery County, Ohio, and who maintains active membership in the Ohio State Medical Association, shall be eligible to apply for Active membership in this Society.~~

~~Active members shall have the right to vote and hold any elected MCMS office.~~

~~C. Direct MCMS Member. A practicing physician who is duly registered to practice medicine in accordance with the laws of the State of Ohio, and who resides in, conducts the major portion of his/her professional activities in, or holds primary hospital privileges in Montgomery County, Ohio, shall be eligible to apply for Direct membership in this Society. A person possessing primary membership in any other Ohio component society of the OSMA shall be eligible to apply for MCMS membership. Direct Members shall have the right to vote and hold office within the province and authority of MCMS.~~

~~C G. Inactive Member. An Active member physician who has retired from the active practice of medicine and who does not receive regular and significant income for participation in any professional activity related to the practice of medicine shall be eligible to transfer to Inactive Membership.~~

~~A physician member who ceases to conduct professional activities for reason due to disability shall also be eligible to petition for Inactive Membership. A physician who ceases to conduct all medically related professional activities for reason of retirement and who has maintained membership in this Society for a minimum of 10 consecutive years preceding retirement shall be eligible for Inactive membership status by petitioning the Board. An Inactive member may petition the Board to be returned to Active status and such request shall include a listing of activities undertaken while absent. An Inactive member may be removed from the official roster of this Society when. Should the condition for which such classification was granted cease to exist, an Inactive member may, upon payment of appropriate dues, request to resume active membership, or else be removed from membership.~~

~~D. Member-in-Training. Any physician~~

~~legally qualified to practice medicine in the State of Ohio and who is in good standing and pursuing studies and training in an ACGME or OCGME accredited medical program within the OSMA District Two boundaries~~ is eligible to apply for classification of Member-in-Training.

**E. Student Member.** A resident of Montgomery County Ohio, or any County within the OSMA District Two boundaries, while a student pursuing the diploma of Doctor of Medicine or Doctor of Osteopathic Medicine in an approved medical or osteopathic college or institution in the State of Ohio, shall be eligible to apply for Student membership.

### **SECTION 3. Rights and Privileges.**

All classes of membership, with the exception of Affiliate and Honorary shall have entitlement to all benefits which a member may purchase from this Society commencing at the time a complete application is filed with this Society. All physician and student classes of membership shall be entitled to participate in the scientific deliberations of the Society and take part in the discussion in open meetings of the Society.

Active, ~~Direct, Nonresident~~, Part-Time and Senior members shall be entitled to vote, hold office or serve on committees of this Society. Members in other classifications of membership may serve on committees by presidential appointment. ~~Only Active, Direct, Part-time, or Senior members may participate in patient referral service.~~

~~C. Physician Referral Service Application.~~ A physician accepted for membership by the MCMS Board of Directors who seeks to be eligible to participate in the physician referral service of this Society shall be required to submit a separate signed agreement for participation in that service.

~~C. D. Resignation of Membership.~~ To resign from MCMS membership, a member should present a written statement to the MCMS. ~~Resignation of membership shall not provide cause for termination of pending review/hearing proceedings of a complaint that has been filed in accordance with these Bylaws.~~

~~D. E. Renewal/Reinstatement of Membership.~~ A member who has voluntarily resigned membership in this Society may at a later date apply for

renewal of membership by completing a new application ~~and attaching to it a letter of petition for renewal~~. Similarly, a physician terminated for non-payment of a delinquent account shall be eligible to apply for reinstatement. Such application shall include payment of full dues for the current year, and if applicable, payment for any mandatory assessments billed and due at time of resignation. If a petition for reinstatement is received within one year of termination, completion of a new application is not required except to provide updated information, if necessary. An applicant for renewal/reinstatement shall be eligible for membership in the classification as recommended by the Credentials and Membership Committee.

### **ARTICLE IV. BOARD OF DIRECTORS**

#### **SECTION 1. Composition.**

~~C. Chief of Staff — Good Samaritan Hospital.~~

Additionally, ~~the President of the Medical Society Services Bureau; the OSMA District Two Councilor, the Dean of the WSU Boonshoft School of Medicine, and the physician Health Commissioner~~ or Medical Director of Public Health Dayton & Montgomery County shall be invited to sit as ex-officio non-voting members of the Board.

#### **SECTION 2. Duties and Responsibilities.**

~~D. To appoint a member to serve as president of the Medical Society Services Bureau; and to propose a slate of candidates for position of MSSB Trustees as required annually.~~

~~I. To investigate at the request of the Society, any written charges against a member.~~

### **ARTICLE V -OFFICERS, BOARD MEMBERS, DELEGATES AND STAFF**

~~SECTION 3.~~ When a vacancy in the office of Second Vice President arises, a special election of the membership may be held within sixty (60) days after that office is vacated, or, upon 2/3 approval by vote of the Board of Directors, the position may be declared vacant until the time of the next scheduled general election.

~~SECTION 8.~~ Delegates and Alternates to O.S.M.A. — Active members are eligible to serve as MCMS Delegates and Alternate Delegates to the Ohio State Medical Association as participants in the

House of Delegates of the OSMA and at any meeting of the Councilor District to which this Society belongs. Delegates shall be appointed by the MCMS Board in conformity with the requirements of the state association, and shall take office upon appointment serving until a successor is chosen by the Board. Alternate Delegates shall be elected to serve a five year term.

### **ARTICLE VIII. ELECTIONS, VACANCIES AND APPOINTMENTS**

**SECTION 2. Elections.** Elections shall take place in October of each year. Ballots shall be prepared and, at the discretion of the Board of Directors, be mailed or provided through electronic format to each eligible voting member of the Society. ~~In the case of group elections when there are several candidates proposed for several offices of equal rank, all candidates shall compete with one another for each of the positions. In all cases, a plurality of legal votes cast shall declare each position elected.~~

### **ARTICLE IX. FINANCES**

#### **SECTION 3 Transfer of Membership.**

~~A physician who has resigned membership in this Society in good standing and who has made new application to membership in another appropriate component society shall be eligible for refund of pro rata dues upon receipt of letter requesting recommendation to membership from said component society.~~

### **ARTICLE X -QUORUM**

Fifty (50) Thirty (30) voting members shall constitute a quorum at any regular or special meeting of this Society.

### **ARTICLE XI**

#### **DISCIPLINE OF MEMBERS**

#### **SECTION 1. Liability to Censure, Suspension, or Expulsion.**

~~A physician who (a) shall have misrepresented any material fact in his/her application for membership in the Society, (b) violates any of the provisions of the Bylaws of the Society, (c) who refuses to answer any inquiry or summons from any duly constituted peer review committee; (d) who while a member of the Society is guilty of misconduct as a physician or as a citizen; (e) is indicted or found guilty of a felony in a court of law, or (f) is determined to be guilty of a violation of the Medical Practices Act as defined in the~~

Ohio Revised Code, or the Principles of Medical Ethics of the American Medical Association, shall be liable to censure, suspension or expulsion. resulting from Board Disciplinary Action taken in accordance with Article XI, Section 4(C) of these Bylaws.—

*Censure* shall mean an expression of disapprobation following a finding of wrongdoing. A second censure by this Society shall result in expulsion. *Suspension* shall mean a temporary withholding of all membership rights and privileges for a specified period of time, without loss of entitlement to purchased benefits and without the member being released from any obligation of membership. *Expulsion* shall mean absolute termination of membership classification held.—

**SECTION 1. Action by State Medical Board of Ohio.** If it is verified the State Medical Board of Ohio (SMBO) is actively investigating any member, this Society may choose to defer any MCMS disciplinary action pending the outcome of the investigation by the SMBO—

**SECTION 2. Automatic Termination of Membership.**—

~~A member of this Society whose certificate to practice medicine and surgery in Ohio has expired or has been suspended or revoked shall have MCMS membership terminated automatically as of the effective date of such action taken by the state licensing body. The provisions of this paragraph shall not apply to members who have retired from active practice and do not renew licensure.—~~

~~**SECTION 3. Automatic Suspension of Membership.** Any member who has been indicted by a local or federal jury on a felony count shall be automatically suspended from membership and remain in that classification until a court of law has heard and disposed of the case or the indictment has been dropped, or membership is voluntarily resigned, or terminated for non-payment of dues.—~~

**SECTION 4. Processing of a Complaint.**  
**A. General.** Any complaint filed with this Society against a member shall be in writing. If deemed appropriate, a complaint alleging a breach of medical ethics may be referred by the President to the MCMS Ethics committee for screening. Said committee will serve as

the preliminary review body and shall consider the merit of the complaint. Complaints alleging specified actions of misconduct on behalf of a member other than a breach of medical ethics and which are determined to warrant MCMS review shall be handled in a manner to be determined at the discretion of the President.—

**B. Transfer of Disciplinary Procedure.** If, after the preliminary Ethics Committee review, this Society determines that it is unable to conduct a disciplinary action in a fair and unbiased manner concerning an Active OSMA member, the assistance of the OSMA may be requested to conduct the proposed disciplinary procedures. Such request shall be made in writing and signed by no fewer than three members of this Society familiar with the findings of the review and delivered to the Executive Director of the OSMA. Any findings and actions which result from the disciplinary proceedings conducted with the assistance of the OSMA shall be enforced by this Society.

**C. Reviewing the Complaint.** If, after its preliminary review, the Ethics committee determines that further review of a complaint is deemed necessary, the accused shall be given the opportunity to appear before the MCMS Ethics Committee, and such appearance shall not require nor allow the presence of any legal counsel. Notice of such review shall be given to the accused by certified mail, ten (10) days prior thereto. Following the consideration of all information presented therein, the MCMS Ethics Committee will make recommendation on the matter. The Ethics committee may, in its discretion, dismiss the charges, proceed forward in recommending disciplinary action, or refer the charges to another appropriate entity for handling. A recommendation that formal charges be developed and presented in a hearing before an MCMS Ad Hoc Judicial Review Committee shall require a majority of legal votes cast by the committee. Such charges shall be in writing, prepared and signed by the Chair of the Ethics Committee, and delivered to the MCMS President.

**D. Processing of a Formal Charge.**  
(1) As soon as possible, and no later than ten (10) days after filing of the formal charges, the Society shall transmit by certified mail (return receipt requested) to the accused member, a true copy of

such charges, the action proposed to be taken against the member, and notification of said member's right to request within 30 days a hearing on such charges before an Ad Hoc Judicial Review Committee. Upon receipt of a written request for a hearing, said hearing shall be scheduled not less than thirty (30) days, nor more than ninety (90) days following the date of receipt of request.—

(2) **Waiver of Rights.** If a member does not request a hearing in the manner described herein, the member shall be deemed to have waived any right to a hearing and to have accepted the recommendation involved. The Ethics Committee shall then forward its report and recommendation to the MCMS Board of Directors, which shall determine the action to be taken. The member under this section shall have no further rights to appeal unless the action taken by the Board of Directors differs from the recommendation of the Ethics Committee.

**E. Appointment of Ad Hoc Judicial Review Committee.** Upon receipt of a request for hearing from the accused member, the MCMS President shall appoint an Ad Hoc Judicial Review Committee. This Committee shall consist of six Active physician members of the MCMS who are to be appointed by the current President. The accused member shall first have the right of refusal to decline up to 3 of these appointed members, any of which position shall then be re-appointed with finality by the President. The Chair of the Judicial Review Committee shall be the Past MCMS President once removed. If that individual is not available or if that person's service would impose a potential conflict of interest in the case, then the role shall default to the next preceding past president in line until an appropriate Chair is named. All members, including the Chair, shall have an equal vote.

**F. Formal Judicial Review Committee Hearing Process.**—

(1) At the formal hearing before the Ad Hoc Judicial Review Committee, the Chairman of the Ethics Committee shall present the evidence against the accused.

(2) At the hearing upon such charges, the accused shall be afforded full opportunity to be heard in his/her own defense, and to be represented by legal counsel or any other person of his/her own choosing. The accused, legal counsel or other representative of the accused shall have

the right to cross-examine any witness who testifies against the accused, and to offer evidence or witness in his/her own behalf. The hearing shall be conducted in such a manner as to ascertain all the facts fairly to the accused and the Society without requiring compliance with those formal or technical rules and requirements which ordinarily pertain to judicial proceedings. Failure of the accused to appear or be represented at the hearing may be considered prima facie evidence of the truth of the charges, and the Committee may proceed with its deliberations.

(3) Voting on guilt or innocence and on penalty in case of guilt, shall be by ballot. The members of the Judicial Review Committee present at the hearing shall decide by majority vote, the guilt or innocence of the accused. If the accused is found guilty, the Judicial Review Committee shall decide the penalty to be applied and a majority vote shall then be required to censure, suspend or expel. (4) Notice of the final action of the Judicial Review Committee shall be furnished promptly to the accused by certified mail, as well as directed to the MCMS Board of Directors. A recording of the proceedings, evidence and findings in the hearing before the Judicial Review Committee shall be made and filed in the records of the Society, and at the request of either the accused or the Society, and upon payment of any reasonable charges associated with the preparation thereof, a transcript of that hearing shall be made and furnished.

(5) Enforcement of such order of suspension or expulsion shall be stayed until 30 days following the time allowed for perfecting an appeal to the MCMS Board of Directors, and thereafter shall be stayed pending any appeal that may have been timely requested and accepted.

**G. Appeals.** Any member against whom disciplinary action has been adjudicated pursuant to these Bylaws shall have the right to appeal to the MCMS Board of Directors. Such appeal must be commenced by a written notice to the Executive Director within thirty (30) days after the date on which the notice of final decision was mailed to the member. The member asserting the right to appeal shall bear all expenses associated with providing a copy of the record from the disciplinary proceeding and for production of any record associated with the appeal.

Upon receipt of notice of appeal, the MCMS Board of Directors shall serve as the appellate panel. The member appealing shall submit a written statement discussing the relevant facts and issues. Within twenty (20) days following the receipt of the member's written statement, the Judicial Review Committee may submit a written response to the statement. The member may then submit a written reply within ten (10) days following the submission of the Review Committee's response.

The MCMS Board of Directors may, upon its own motion or request by a member of the Judicial Review Committee, schedule oral arguments upon the issues raised in the appeal. The oral arguments, if scheduled, shall be held within twenty (20) days following the submission of the final written response. The MCMS Board of Directors shall, within twenty (20) days after the oral arguments or the final written submission if oral arguments are not conducted, render a written opinion setting forth its decision whether to accept, reject, or modify the decision of the Judicial Review Committee, stating the basis for its decision. The decision of the Board of Directors shall be final. The Executive Director shall forward a copy of the decision to the member and to the Chair of the Judicial Review Board.

After final disciplinary action has been taken pursuant to these Bylaws, and the member has either waived or exhausted the right to appeal to the Board of Directors, the MCMS Executive Director shall report the action to state and federal authorities as required by Ohio Revised Code and/or any other applicable federal and state laws.

**H. Entitlement to Resume Membership:**

A suspended member under the provisions of this Article may file a petition for reinstatement of membership privileges provided the period of suspension has expired and such member has furnished satisfactory proof that he/she has ceased and desisted from acts and practices of the nature described in the charges on which suspension occurred. Similarly, a member expelled may reapply for membership and may be readmitted to membership on the same terms and in the like manner as original applicants. Any such applications from a member suspended or expelled shall be referred by the Credentials Committee for recommendation to the Board of

Directors.

**ARTICLE XI  
FINALITY OF DECISIONS**

All decisions of this Society shall be final.

**ARTICLE XII- PARLIAMENTARY AUTHORITY**

The deliberations of this Society shall be governed by these Bylaws, and by parliamentary code as contained in the current edition of the American Institute of Parliamentarians Standard Code of Parliamentary Procedure. Alice Sturgis' The Standard Code of Parliamentary Procedure, as revised by the American Institute of Parliamentarians.

**ARTICLE XV  
AMENDMENT AND CONFORMITY  
SECTION 1. Amendments.**

These Bylaws may be amended at any regular or special meeting of this Society or through a process of mail or electronic ballot, the choice of which shall be determined by the Board of Directors. In either case, any proposed amendment(s) shall have been published and directed by mail made available to all voting members of this Society at least 30 days in advance of the scheduled vote. When amendment to more than one Article/Section of these Bylaws is being proposed at one time, each specific amendment shall require ratification on its individual merit. The written voting ballot shall be designed to show each amendment individually and a majority of legal votes cast will be required to adopt each individually proposed amendment.

*2019 MCMS Bylaws Committee:  
Herman Abromowitz, MD, Chair  
Lisa Egbert, MD  
Stephen T. House, MD  
Waren F. Muth, MD  
Walter A. Reiling III, MD  
Jeffrey B. Studebaker, MD*



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