



The **Bulletin**  
OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION  
January/February 2017

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# The Bulletin

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## Executive Council Meetings 6:00 pm @ the HCMA Office

March 21, 2017

May 23, 2017

## HCMA Installation

## Dinner Meeting

May 9, 2017

6:30 pm

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To submit an article, letter to the editor, or a photograph for The Bulletin cover, please contact Elke Lubin, Managing Editor, at the HCMA office. All submissions will be reviewed by Bulletin Editor, David Lubin, M.D. We encourage you to review The Bulletin's "Article Guidelines" which can be faxed or emailed to you.

The Bulletin is YOUR publication. You can express your views and creativity by participating.

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# The Bulletin: January/February 2017



## ABOUT THE COVER

The cover photograph, taken by HCMA member Dr. Anthony Goldman, is of a female leopard cub, about 11 months old, known as the Mashaba young female, in the Sabi Sands Game Reserve in Londolozi, South Africa. It was taken in 2016 with a Canon 1D X camera, 200-400mm lens at 480mm with the built in 1.4x extender. It was shot at ISO 1600, f5.6, 1/400sec. It was shot from about 40 feet away in an open land rover.

*Editor's note: Thank you Dr. Goldman for another great wildlife shot!*

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# The Law of 3s

I am not a superstitious person. However, I still remember the day over 30 years ago, when I was introduced to the “Law of 3s” by my chief resident. “Fred,” he said, “beware of the Law of 3s.” I first thought he was referring to Julius Caesar’s warning of “Beware of the Ides of March.” “We are not talking about Roman history,” he went on to say, “we are speaking about what you need to be aware of in your future years as a physician.” He provided me with a 15 minute dissertation of exactly what he was referring to. In the interest of time and space, here is the *Readers Digest* version of his explanation.

Unfortunately, throughout your career as a physician, you will find that unexpected deaths will come in 3s over a very short period of time. Although not for the first time over my 30 year medical career, the past week reminded me that this “law” indeed appears to have validity.

It was a bright sunny afternoon. Mr. S. was driving his tractor down a local rural highway hauling a trailer of hay, as he had been doing over the past 20 years. At over 80 years old, he still worked as hard farming as he did 60 years ago. He was in good health for his age, only having osteoarthritis and well controlled hypertension. Within a split second, his life was unexpectedly ended in a horrific traffic accident. I was informed by his wife of his passing. I have known them both for over 25 years.

Two days later, Mrs. K. came in for her usual appointment to renew her medication. I asked her, as I usually do, how her husband was doing. During his office visits we always spoke about his time in the Coast Guard and his activities during his retirement. At 82 years old, he was still an avid tennis player and exercised daily. She informed me that a few days earlier, after playing tennis, he bent over to tie his shoe and fell over and collapsed. EMS was called and he was brought to the hospital. Subsequently, he was found to have a massive cerebral hemorrhage from an undiagnosed aneurysm. After two unexpected deaths in a short period of time, I became very uneasy. I was hoping to make it through the week without the news of another unexpected death, unfortunately this did not happen.

My last morning patient, the following day, informed me of the unexpected passing of her otherwise healthy husband after a “routine” surgical procedure. The “Law of 3s” struck! It wasn’t the first time in my career – hopefully though, it will be the last.

Whether it is coincidence, fate, or the way of a higher power; I still am not really sure. I am sure of one thing though, I will continue to be the best physician I can be and strive to maintain a close relationship with my patients.

I dedicate this “President’s Message” to these three people and my thoughts and prayers are with their families.



**2017 HCMA  
Dues Statements  
were mailed  
September 1, 2016.  
Dues were past due after  
February 1, 2017.**



**Fred Bearison, MD**  
drfredb1@gmail.com

## President's Message



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# Lubin's Believe it or Not... with apologies to Ripley

*'Twas a week before Christmas, while all through  
my house*

*NFL football was on with Elke asleep on the  
couch.*

*But here I am, tapping away at my computer,*

*To knock out my column, cuz later...*

*It's Dallas vs. Bucs...the Red and the Pewter*

All right, so I'm no great poet, and I know it, but as I concluded my last column I left you with my version of the Four Questions. It was a true and false quiz. And all the answers were TRUE.

## 1) Riding a roller coaster might help pass a kidney stone.

A report published in the *Journal of the American Osteopathic Association* noted that a patient passed 3 kidney stones while riding the Big Thunder Mountain Railroad at Disney World. So David Wartinger, an osteopathic urologist and professor emeritus at Michigan State's College of Osteopathic Medicine, decided to take a trip to Disney World with a 3-D model of the patient's kidney. Dr. Wartinger filled the kidney with urine and actual kidney stones and rode the coaster 20 times to see if the stones had moved, and, in fact, they had. He also found that passing a stone was better if you sat in the back of the coaster, rather than the front. Dr. Wartinger also realized that this was a very limited study, and might not work for everyone. But once word of this hit the Internet...well, you get the picture. It's similar to doing the Epley maneuver to displace crystals in the semicircular canals. It might work for some, but not others...just like my treatment for warts with a red Flair pen...but that's old news.

## 2) Ants can become addicted to morphine.

From the *New York Times*...Scientists divided 90 ants into three groups with the first receiving a solution of morphine and water, which was gradually reduced until the ants were receiving pure morphine. The second group got a sugar solution gradually reduced to pure water. The third ate just sugar. Then the ants were offered the choice of sugar or morphine. The ants that had been gradually deprived of sugar and those never exposed to morphine went right back to sugar, but about two-thirds of the ants given morphine

chose it over sugar. Wonder how the queen ant would feel about this.

## 3) Reading books can help you live longer.

The *Christian Science Monitor* reported that Yale researchers examined the reading habits of 3,635 people over 50 and found that the ones who read books for more than 3.5 hours each week, or 30 minutes a day, were 23 percent less likely to die over the course of the 12-year study. Even after variables such as health, education, and income were taken into account, readers were 17 percent less likely to die over the same period as the non-readers. Researchers believe that reading promotes cognitive processes, such as empathy and emotional intelligence, which can boost longevity. They also cautioned that reading magazines and newspapers (and obviously MAD Magazine) might not provide the same benefits. But studies have also shown that sitting for extended periods of time are deleterious to our health, even if they meet physical activity recommendations. So how are we supposed to read the novels-on a treadmill?

## 4) Good sex can be harmful to your health.

Unfortunately, this one is also TRUE! And it pertains to MEN, not women. 2,200 seniors, aged 57-85 years old answered sexual behavior questionnaires in 2005-2006 and again five years later, in the U.S. National Social Life, Health and Aging Project. Older men were more likely than older women to say they were sexually active, as well as having more frequent sex. They were also more likely than women to say their sex was "extremely pleasurable." Survey responses were compared to key cardiovascular measures, including blood pressure readings, rapid heart rate, elevated C-reactive protein levels, and incidence of heart attack, heart failure, and/or stroke. Compared with older men who said they weren't sexually active, those who had sex once a week or more were almost twice as likely to experience a heart attack, heart failure, or stroke by the second survey. And men who found sex enjoyable also faced a higher risk for such illnesses. These risks were not seen in women who responded. Dr. Gregg Fonarow, professor of cardiology at the

*(continued)*



David Lubin, MD  
Dajalu@aol.com

University of California, Los Angeles, offered some cautionary responses about the findings.

“Most studies suggest that maintaining an active sexual life seems to be associated with men’s cardiovascular and overall health,” adding that prior studies “have suggested that high frequency of sexual intercourse is associated with lower risk of cardiovascular events and great longevity for men.” He also stressed that “the findings of the present study require replication before further consideration.”

*So I finished my column, just in time for the game,  
Strange were these questions, all TRUE just the same.  
So strange that some of you will shout out “Har-rump!”  
No stranger than truth, the election of Trump.*

I hope everyone had Happy Holidays!



## MARK YOUR CALENDAR!

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# Physical Consequences of a

Along with Valentine's Day, the month of February marks National Heart Month. It's the one month of the year that focuses on the importance of practicing heart healthy behaviors.

While ringing in the New Year, many were already committed to (or dreading) their chosen New Year's resolution. In one way or another, living a healthier lifestyle has always been a priority resolution for many. The various ways include losing weight, exercising, eating healthier, quitting smoking, and reducing stress. These lifestyle decisions most often have everything to do with how long our hearts will remain healthy.

During 2014, heart disease took the lives of two people very special to me. One of those dear friends returned from a skiing trip the weekend prior and was at the gym (his usual daily workout routine) when a massive heart attack killed him instantly. Recently, a lifelong friend of mine brought her partner home from the hospital after unexpected triple bypass surgery. Their ordeal began in the middle of the night when he suddenly woke up with severe chest pains. No warning or previous health issues, and only 57 years old. And even more recent were the sad and sudden deaths of actor Alan Thicke and actress Carrie Fisher. Heart disease continues to be the leading cause of death in America and worldwide.

Unfortunately, hereditary can also play a huge role in heart disease – none of us are immune regardless of our well-intentioned behaviors. For the majority, however, the fact remains that an unhealthy lifestyle has a dramatic impact on our heart health.

What about the unsurmountable pain and automatic stress caused by a "broken heart"? Could physical consequences also be at stake?

We've all heard the expression that a person can die of a broken heart. Perhaps there is truth behind this timeless expression. In many legends and fictional tales, characters die after suffering a devastating loss and there are biblical references, regarding the pain of a broken heart, dating back to 1015 BC. Scientists say that a phenomenon known as the "widowhood effect" is one of the best documented examples of how relationships influence a person's health, and may be the result of an intense physical response to grief.

One of my favorite romance movies, *The Notebook*, was a tear jerking rendition of an elderly couple's connection and implausible love. At the end of the movie, the husband (played by James Garner) and the wife (played by Gena Rowlands) fall asleep and die in each other's arms. In real life, elderly couples have been known to die within hours of each other. Perhaps my favorite fictional movie is more realistic than not (or so I believe).

*"Now I know I've got a heart, 'cause it's breaking."* – *The Tin Man, Wizard of Oz*

Online information claims that a growing body of research is showing that the death of a loved one, or a traumatic end to a relationship, not only impacts our mental and emotional health, it actually causes us to experience physical changes that can lead to serious heart problems. The phenomenon is called "broken heart syndrome" or, by most physicians, stress-induced cardiomyopathy. A highly stressful event can cause a person to feel like they are having a heart attack (such as experiencing shortness of breath and chest pain) without the telltale blocked arteries. Emotional pain and physical pain both activate the same part of the brain, thus allowing our brains to think we are physically hurt. The additional stress this

*(continued)*

## Executive Director's Desk



**Debbie Zorian**  
DZorian@HCMA.net

causes only escalates the symptoms.

It has been proven, time and time again, how stress can take a toll on our physical health. A breakup alone leaves a person swimming in stress hormones and activates the area of their brain that processes craving and addiction. Much physical discomfort is felt, including withdrawals. The pain can be relentless while your body chemistry tries to change back to normal, all while having an unhealthy effect on your heart.

While further researching, I came across eight (I'm sure there are more) reasons why heartbreak can truly damage your heart: increased blood pressure, lack of exercise, poor eating habits, difficulty sleeping, depression, increased alcohol consumption, panic attacks, and the added stress talked about above. In extreme cases, some who experience a broken heart go on to develop posttraumatic stress disorder. Sadly, I know a person who I believe has experienced PTSD for several years now, due to an unbearable loss.

*"The human heart feels things the eyes cannot see, and knows what the mind cannot understand."*  
– Robert Valett

While we oftentimes can't stop heartbreaking and stressful situations from happening in our lives, there are methods to help change the way these situations can affect our bodies. Adding meditation or yoga to regular exercise is only one. In addition, a "change of heart" couldn't hurt. Briefly shifting your attention to a positive emotion or allowing your thoughts to re-experience a cherished memory creates synchronization in your heart rhythm within seconds.

In celebrating National Heart Month, I plan to put forth the extra effort needed to take better care of my heart. Staying aware of how my state of mind affects my well-being is also a goal. A happy heart helps create a healthy heart.

May 2017 put happiness in your heart, and in the hearts of those you love, all year long!



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Jack Parrino, MD  
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I highly recommend ProAssurance and encourage my colleagues to contact David Goss, VP of Sales & Marketing, ([dgoss@proassurance.com](mailto:dgoss@proassurance.com)), to request a quote along with information about the superior rating of this company.

Sincerely,

Jack Parrino, MD

# Cultural Entertainment in the Tampa Bay Area Series: The Florida Orchestra

The largest and most important classical music organization on the Florida Gulf Coast is The Florida Orchestra. It began as the Florida Gulf Coast Symphony in 1968, the result of a merger between the St. Petersburg Symphony Orchestra and the Tampa Philharmonic. Its venue in Tampa was the McKay Auditorium at the University of Tampa. When I arrived in Tampa in 1975, my wife and I were immediately recruited as new season ticket holders and financial supporters by the late Ernie Reiner, MD. Ernie was at times orchestra board member, Master of Ceremonies, spokesperson, Jack of all trades, and jokester. The Conductor and Music Director at the time was Maestro Irwin Hoffman.

In 1987 the brand new Performing Arts Center (now Straz Center) opened its doors. It was truly a community effort and is to this day one of the largest in the southeastern United States.

The Florida Orchestra has been an anchor tenant ever since. The Orchestra's other venues are the beautifully renovated Mahaffey Theater in downtown St. Petersburg and the Ruth Eckerd Hall in Clearwater. In early 2017 the Orchestra will expand its impact beyond Tampa Bay. The Florida Orchestra will perform concerts, master classes, and more, in Avon Park, Daytona, and Gainesville; sponsored in part by the State of Florida and the Florida Council of Arts and Culture.

Music Director and Principal Conductor, Michael Francis, took over the reins of The Florida Orchestra in the 2015-16 season. He recently had his contract extended to the 2020-21 season. This will guarantee stability at the top. He is a young, very keen man who connects with the audience, and frequently takes the microphone to explain things. He wants to bring music to all, not just to those that come to the concert hall.



*Michael Francis, Music Director.*

The Florida Orchestra has named its first community engagement director, Erin Horan. They kicked off the season with more than fifteen free concerts in four days (September 21 - 24). They offered chamber and full orchestra concerts at locations throughout Tampa Bay, such as Tampa International Airport, nursing homes, veterans' communities, and even breweries. A full orchestra concert at Water Works Park celebrated Hispanic Heritage month. Also new this season will be the Woodson Chamber Concerts, a series of four Sunday afternoon chamber concerts, starting in January, at the Woodson African American Museum in St. Petersburg.

If you would like to introduce your children or grandchildren to classical music, you will be able to bring them to the concert halls for FREE, one child per adult ticket. There will be a limited amount available and they have to be purchased before the day of the concert through the Orchestra's box office.

For those of us working near downtown, there will be a new series of three happy hour concerts in February and March. These include select drinks and snacks before an hour-long symphonic concert with no intermission, for only \$35.

The very successful Pops and Pops in the Park series will continue; Cirque de la Symphonie will be a combination of symphonic music and Cirque de Soleil type gymnastics, and the jazz based programs will also continue.

The educational mission of The Florida Orchestra will continue to benefit about 30,000 children in Pasco, Pinellas, and Hillsborough Counties. There are many additional programs and educational opportunities.

*(continued)*

Entertainment



**Rodolfo  
Eichberg, MD**  
**Eichberg@tampabay.  
rr.com**

The days in which The Florida Orchestra was financially shaky are gone, but the reader needs to remember that a very young organization cannot, and does not, have the huge endowments some of the 150 year old major orchestras in major cities have. Ticket sales do not even come close to cover expenses. I urge you to consider becoming a donor. The Florida Orchestra is a regional asset that greatly improves the quality of life and image of our region. My family had the satisfaction to see it grow, thanks in part to Ernie. I hope you, the younger reader, can say the same, "Thanks to Rudy," 40 years hence, when I am gone.



The Florida Orchestra  
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# Thank First Citrus Bank St. Joseph's and Ultimate Me



HCMA Benefit Provider and dinner co-sponsor, First Citrus Bank, was represented by Mr. Jack Barrett, President and CEO. Mr. Barrett welcomed attendees to the meeting.



FMA President, David Becker, MD, provided an FMA update.

On, November 7, 2016, the Hillsborough County Me meeting at the Centre Club. US Veterans were honored. The Frederick A. Reddy Memorial Award was presented to the New Family. The award was bestowed in our community. FMA President, Dr. David Becker, MD, and FMA President, Dr. Ralph Rydell, who gave a riveting presentation on the new hospital in Germany.

Many thanks for the generosity and continued support of the FMA, St. Joseph's Hospital, and Ultimate Medical Academy for making the evening a success.



A full house!



Drs. J.J. Diaz and Henry Cacciatore catch up during the social hour.



Beth Garland, Sr. VP of Strategic Operations for HCMA Benefit Provider and dinner co-sponsor, Ultimate Medical Academy, thanked members for their attendance.



HCMA Pat President, Jimenz, and his wife, Lisa Silva. Dr. Silva gave a performance of the Anthem prior to dinner.



Drs. Michael Cromer and Scott Anderson flank Lisa Millman-Nodal, Business Banker with First Citrus Bank (an HCMA Benefit Provider and dinner meeting sponsor).



Drs. Katherine Macoul and Malcolm Root (two on the right) nominated the New Family for the Dr. Frederick A. Reddy Memorial Award.



HCMA Past President, Dr. Hunter Eubanks, gave the evening's invocation.



The Newman Family received the Memorial Award for their philanthropic support.



Dr. David Lubin mingles with Dr. Karen Slack (second from the right) and her family.



# Thank You to ProAssurance, St. Joseph's Hospitals, and the Medical Academy.

The Hillsborough County Medical Association (HCMA) held its membership dinner honored as were HCMA Past Presidents. The Dr. Frederick A. Reddy Family for their commitment and philanthropy to the community. Dr. David Becker, addressed attendees prior to HCMA Past Presidents' Reception about his time serving at the Landstuhl Military Hospital.

The support of First Citrus Bank, ProAssurance, St. Joseph's Hospital, and the Medical Academy made this evening possible.



Dr. Ralph Rydell, HCMA Past President, gave an excellent and moving presentation about his time serving at a military hospital in Germany.



Drs. Karen Slack and Robert Henderson.



Dr. Jose and Dr. Nancy were beautiful speakers at the National Reception.



Representing the dinner co-sponsor, St. Joseph's Hospital, Dr. Mark Vaaler, VP of Physicians' Services said a few words prior to the dinner.



The spouses behind the Presidents: Brenda James (guest of Dr. David Becker), Heather Curran (Dr. Curran's daughter), Becky Eubanks, Susan Isbell, Kathy Rydell, Carole Hooper, Bill Butler, Martha DeWeese, Esperanza Leon, Meri Menendez, Mary Seeley, Donna Davison, and Coleen Shephard.



The Reddy Family was awarded the Dr. Frederick A. Reddy Award for their contributions to our community efforts.



Prior to the dinner, a private reception honoring HCMA Past Presidents was held: Back row: Drs. Hunter Eubanks (1992), Madelyn Butler (2001), Frank Mastandrea (2004), William DeWeese (1989), Ralph Rydell (1986), John Curran (2008), Glenn Hooper (1984), William Davison (2012), Ed Fariior (2003), Bruce Shephard (2006), Ron Seeley (1980), Hernan Leon (1991), and Fred Bearison (2016). Front Row: Drs. Robert Isbell (1983), David Becker (FMA President), Chris Pittman (2013), and Luis Menendez (1998).

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Surgeon General and Secretary

**Vision:** To be the **Healthiest State** in the Nation

November 22, 2016

Dear Colleague:

In 2015, there were approximately 112,000 persons diagnosed and living with HIV in Florida and the Centers for Disease Control and Prevention (CDC) estimates that roughly one in eight (12.4%) persons living with HIV are unaware of their status. In September 2016, Florida Administrative Code Rules 64D-2.002, 2.003, 2.004, and 2.006, were adopted to implement Florida's amended HIV testing law (section 381.004, Florida Statutes). This amendment removed the need for separate informed consent prior to HIV testing in health care settings. This amendment simplifies routine HIV screening in health care settings and has the opportunity to improve the identification of new or existing HIV infections. There was no change in the law regarding non-health care settings.

Summary of Changes to Section 381.004, Florida Statutes:

- Informed consent is no longer required in health care settings in Florida prior to testing for HIV.
- Patients must be notified either orally or in writing that they will be tested for HIV unless they decline (opt-out of) testing.
- Notification must include information that a positive HIV test result, along with identifying information, will be reported to the county health department and of the availability and location of sites at which anonymous testing is performed.
- If the patient opts out, it must be noted in their medical record.
- A patient need not be notified that their blood is being tested for HIV in the event of a significant exposure for health care personnel.
- A patient need not be notified that their blood is being tested for HIV in the event of a significant exposure for non-health care personnel during a medical emergency.

These changes align the state of Florida more closely with the CDC 2006 Revised Recommendations for HIV Testing in Adults, Adolescents and Pregnant Women and the U.S. Preventative Services Task Force (USPSTF) 2013 Updated Recommendation for HIV Screening. The USPSTF released an updated recommendation statement on screening for HIV, giving a "Grade A" recommendation for routine screening for HIV infection in adolescents and adults 15 to 65 years of age. The "Grade A" rating indicates that all primary payers, including Medicaid and Medicare, will be required to cover routine HIV screening, and as such, may be a reimbursable service.

Model protocols for HIV testing in health care and non-health care settings are available on the Department's HIV Prevention website [www.floridahealth.gov/diseases-and-conditions/aids/prevention/testing-counseling.html](http://www.floridahealth.gov/diseases-and-conditions/aids/prevention/testing-counseling.html).

Sincerely,

Celeste Philip, MD, MPH  
Surgeon General and Secretary

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**Office of the State Surgeon General**  
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**FloridaHealth.gov**



# High Tea!

From the time I joined the Editorial Board, I had been continuously thinking of what to write about. That was until my recent trip to the Canadian Rockies, Vancouver, and Victoria, BC. I will leave parts of this memorable trip for another time, and will hone in to a memorable experience in the quaint little town of Victoria, BC.

Victoria is a touristic little town located on the edge of Vancouver Island, several miles north of the city of Vancouver itself. In that little town I experienced a tradition that brought back fond memories of my days as a surgical resident in England, way back in the late seventies. I thought it would be great to share my unique experience with our readers.

It is traditional in all English hospitals that around 4-5PM one stops whatever one is engaged in, and proceeds to a predetermined room to participate in an old and established English tradition of consuming “High Tea!” It is a ritual that is so British that, looking deep into its history, I learned that it began in the Victorian times by a Royal Duchess who lived in the early seventeenth century. When tea was introduced in England, this duchess became so infatuated with it, that she started throwing midafternoon parties to popularize her passion amongst all her high society friends.

As is well known, the British went to India initially to trade for spices. For this purpose they established what came to be known as the “East India Company.” India was not only rich in spices but also in tea. This led to tea being brought for the first time to England to replace ‘ale’ as the then national drink. Soon thereafter, it became traditional in the English high society to drink tea in the afternoon with added goodies. The reason that it was called “High Tea” was that it was served either standing up or sitting on high stools!

Enough about history! We were touring Victoria, in our tour coach, when our guide stated: “I would like to inform you that your tour

of Victoria will not be complete until you have partaken of High Tea at the Empress Hotel.” He asked who would like to attend. Being somewhat familiar with the tradition of High Tea, my wife and I were the first to raise our hands. Thereupon he immediately called the hotel and reported, “Only four seats available for today’s seating!” Hearing him utter this, we jumped for it.

At the appointed time we were dropped off near the Empress Hotel. True to its tradition, it turned out to be a Victorian chateau draped in vines like an ancient edifice out of history. Surrounding it was an English rose garden with a variety of roses in full bloom. To add to the color and décor, there were many hanging baskets of colorful petunias and pansies, blossoming, and in full bloom.

Daffodils swayed like they were inviting us in. A robed bellman welcomed us at the gate and courteously heralded us in. We were graciously directed to the “High Tea Chamber” of the hotel.

As we entered this rustically decorated hall with many pieces of antique furniture, I was reminded of some of the “castles” that we had visited during our stay in England. Soft live music was being played on the piano, to transcend you to an era that had long gone by.

Cleanly clad waiters and waitresses were bustling around the hall, with smiling faces, bow ties, and fancy bonnets, attending to the multitudinous guests. A smiling maître d’ greeted us with a generous bow of welcome and directed the four of us to our table. Our mahogany table turned out to be covered with a crystalline glass top of ornate etched glass, surrounded with leather sofas with colorful and padded nestling pillows. The ambience resonated with formality and tradition, true to the British style of pomp and pageantry. I mused at myself: The British

*(continued)*



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and pageantry. I mused at myself: The British had left their mark behind even in modern day Canada, much like they had done in many parts of India!

The headwaiter was soon down with a menu that was printed in ornate calligraphy and bound in a luxurious leather volume. We had to select between Indian, Chinese, Sri Lankan tea, or a smooth blend of all three in a chef's special selection. The accompaniments in the form of scones, finger sandwiches, pastries, and petit fours were much more of a standard selection and did not offer much of a choice except for dietary allergies, of which they were quick to inquire. The selections having been made, a traditional fine China Tea Pot with a scented flame burner to keep the tea hot, arrived with our specially blended tea. It was steaming and was gracefully poured by our server into our ornate bone china teacups. One sip of the tea and each of us nodded our taste of approval!

Next the goodies were served in a three-tiered dish server with each tier carrying a fine selection of each class. The scones were served with clotted Devonshire cream and deservedly were on the top shelf. The finger sandwiches were on the middle

tier, carefully edged, trimmed, and containing a variety of fillers (hummus, cream cheese, cucumbers, and Canadian sock eye salmon). The bottom shelf had the petit fours with flavors of pistachio, strawberries, and creamed caramel. I must say that the scones melted in my mouth and were my favorite, especially when generously smothered with the Devonshire cream. Needless to say, I forgot about coronary artery disease as I devoured these goodies!

This high style drama of High Tea lasted almost two hours, during which we had finished three cups of tea and emptied our three tiered server tray to almost half its original contents. After that, we could not stuff ourselves any more and had to request boxes to carry the remainder home.

So ended our sojourn into this "English tea house." We left with smiling faces, "tea-ed" to our hearts' content, and looking forward to our next gastronomic gala!



### Bad Day

There I was sitting at the bar staring at my drink when a large, trouble-making biker steps up next to me, grabs my drink, and gulps it down in one swallow.

"Well, whatcha' gonna do about it?" he says, menacingly, as I burst into tears.

"Come on, man," the biker says, "I didn't think you'd CRY. I can't stand to see a man crying."

"This is the worst day of my life," I say.

"I'm a complete failure. I was late to a meeting and my boss fired me. When I went to the parking lot, I found my car had been stolen and I don't have any insurance. I left my wallet in the cab I took home. I found my wife with another man... and then my dog bit me.

"So I came to this bar to work up the courage to put an end to it all. I buy a drink, I drop a cyanide capsule in, and sit here watching the poison dissolve...and then you show up and drink the whole damn thing!

"But enough about me, how are you doing?"

Laughter is the best medicine.

But if you're laughing for no reason, you need medicine.



# Reefer Madness

**D**ebbie Zorian busts the myth of the benefits of marijuana in her editorial in the July/August edition of *The Bulletin*. The “massive revenues” documented in Colorado brings with it unanticipated problems. The goal of a better quality of life, the reduction in pain, and the lifting of the homeless out of poverty have all been arguments used in Colorado to promote the legalization of marijuana.

The initial result in Colorado after legalization was a large influx of revenue. Then, the rent doubled in a year and some found that their housing was unaffordable. Houses and apartments were being gobbled up in a marijuana feeding frenzy. There was an increase in the homeless rate that burgeoned as the “Marijuana Refugees,” homeless from other states, arrived. There was an increase in youth experimentation. We know that it accumulates in fat that is an important component in the developing adolescent mind. There are some who feel it is a “gateway” drug. Motor vehicle accidents, psychosocial impairment, and academic failures seem to be up coincidentally.

## **For Florida do the benefits outweigh the risks?**

Despite all the dangers, the medication is needed. Marijuana has been proven to be helpful in childhood seizures, chronic pain and anxiety, and end stage cancer treatment. My experience is extensive as a medical oncologist for over 30 years and a Hospice and palliative care physician for 25 years. I first saw excellent results in the 1980s at the National Cancer Institute’s Clinical Research Building, Building #13. It is an impressive 13-floor brick building, housing patient rooms on the south side of the building and physician research labs on the north. One of the diseases we treated was testicular cancer. One hundred young men would come in to receive Platinol chemotherapy, the most emetogenic of chemotherapies, with the chance of cure greater than 90%. This was a government installation with security guards, all men. They would find, in the men’s room, a cloud of smoke so thick as to lose your way to the urinal, reeking of the pungent marijuana smoke as you emerged. They turned their professional eyes away since it was clear that there were very few of our patients who would get sick after initially going to the bathroom. Nobody questioned the source.

Since then there have been studies using THC

concentrate and Marinol pills. In general the doses are not enough to cause euphoria and are well tolerated by seniors. Younger patients taking higher doses have had reasonably good results. It appears that smoking provides a more rapid and complete antiemesis. The use of Marinol has also started to be used in Hospice patients with pain, nausea, depression, and anorexia. Again higher doses would do better.

Currently, there is a dispensary on Dale Mabry, one on US 19 in Clearwater, and The Family Medical Cannabis Clinic on Fletcher Avenue, run by board certified pediatrician, David Berger, MD. At present a patient needs to have a prescription from their physician with review by Dr. Berger. Problematically, only “Charlotte’s Web,” the non-euphoric, weakest plant, that works well for infant and childhood seizures can be prescribed. The dose is too low for adequate pain control pain in adults. The clinic will treat adults but it is really designed for children. The marijuana will be distributed as a tincture or capsules. We need more avenues and strengths for our adult patients. Therefore, Amendment 2 should sanction Charlottes Web, and stronger plants, as “smokeable” and edible compounds. There will still be some of the problems as stated above. With higher doses there will be a rush for unnecessary prescriptions. However, patients come first in their time of greatest need.

Now that Amendment 2 has passed, we must develop the appropriate regulations to protect especially the children, from edible brownies and gummy bears. There are now other, more efficient, means of delivering medical marijuana to those that are suffering, either by transdermal patch or subcutaneous infusions. Stronger compounds are also available to treat rigidity in Parkinson’s disease and multiple sclerosis as well as resistant seizures in adults. The list of potential diagnoses that can be helped by oral, smoked, transdermal, and subcutaneous cannabinoids is rapidly expanding as new studies abound. It appears that the endocannabinoid system includes transmembrane cannabinoid receptors that present two forms: 1) cb1 that is primarily found in the central nervous system and 2) cb2 that is found on lymphoid tissue in the periphery. Therefore, it is the cb1 receptor that is stimulated to prevent nausea and vomiting and pain. New studies are exploring blocking agents that

*(continued on page 23)*

## For Your Consideration



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# Office of Compassionate Use

## Low-THC Cannabis & Medical Cannabis

### PHYSICIANS INFORMATION

**A physician is authorized to order low-THC cannabis or medical cannabis only if the physician:**

1. Holds an active, unrestricted license as a physician under Chapter 458, Florida Statutes, or an osteopathic physician under Chapter 459, Florida Statutes.
2. Has treated the patient for at least three months immediately preceding the patient's registration in the compassionate use registry.
3. Has successfully completed the Florida Medical Association course and examination. Successful completion of the course and examination is required each time such physician renews his or her medical license.
4. Has determined that the risks of treating the patient with low-THC cannabis or medical cannabis are reasonable in light of the potential benefit to the patient. If a patient is younger than 18 years of age, a second physician must concur with this determination, and such determination must be documented in the patient's medical record.
5. Registers as the orderer of low-THC cannabis or medical cannabis for the named patient on the Compassionate Use Registry, and updates the registry to reflect the contents of the order, including the amount of low-THC cannabis or medical cannabis that will provide the patient with not more than a 45-day supply and a cannabis delivery device needed by the patient for the medical use of low-THC cannabis or medical cannabis. The physician must also update the registry within seven days after any change is made to the original order to reflect the change. The physician must deactivate the registration of the patient and the patient's legal representative when treatment is discontinued.
6. Maintains a patient treatment plan that includes the dose, route of administration, planned duration, and monitoring of the patient's symptoms and other indicators of tolerance or reaction to the low-THC cannabis or medical cannabis.
7. Submits the patient treatment plan quarterly to the University of Florida College of Pharmacy, for research on the safety and efficacy of low-THC cannabis and medical cannabis on patients.
8. If ordering low-THC cannabis, obtains the voluntary, written informed consent of the patient or the patient's legal representative/guardian to treatment with low-THC cannabis after sufficiently explaining the current state of knowledge in the medical community of the effectiveness of treatment of the patient's condition with low-THC cannabis, the medically acceptable alternatives, and the potential risks and side effects.
9. If ordering medical cannabis, obtains written, informed consent as defined in and required under section 499.0295, Florida Statutes, if the physician is ordering medical cannabis for an eligible patient pursuant to that section. Written consent must include:
  - An explanation of the currently approved products and treatments for the patient's terminal condition.
  - An attestation that the patient concurs with his or her physician in believing that all currently approved products and treatments are unlikely to prolong the patient's life.
  - Identification of the specific investigational drug, biological product, or device that the patient is seeking to use.
  - A realistic description of the most likely outcomes of using the investigational drug, biological product, or device. The description shall include the possibility that new, unanticipated, different, or worse symptoms might result and death could be hastened by the proposed treatment. The description shall be based on the physician's knowledge of the proposed treatment for the patient's terminal condition.
  - A statement that the patient's health plan or third-party administrator and physician are not obligated to pay for care or treatment consequent to the use of the investigational drug, biological product, or device unless required to do so by law or contract.
  - A statement that the patient's eligibility for hospice care may be withdrawn if the patient begins treatment with the investigational drug, biological product, or device and that hospice care may be reinstated if the treatment ends and the patient meets hospice eligibility requirements.
  - A statement that the patient understands he or she is liable for all expenses consequent to the use of the investigational drug, biological product, or device and that liability extends to the patient's estate, unless a contract between the patient and the manufacturer of the investigational drug, biological product, or device states otherwise.
10. A physician ordering medical cannabis or low-THC cannabis may not be a medical director employed by a dispensing organization.

### Low-THC Cannabis

A physician is authorized to order low-THC cannabis to treat a qualified patient suffering from cancer or a physical medical condition that chronically produces symptoms of seizures or severe and persistent muscle spasms, to alleviate symptoms of such disease, disorder, or condition, if no other satisfactory alternative treatment options exist for the qualified patient. Section 381.986, Florida Statutes, as amended by Chapter 2016-123, Laws of Florida.

### Medical Cannabis

A physician is authorized to order medical cannabis to treat a patient who has a terminal condition that is attested to by the patient's physician and confirmed by a second independent evaluation by a board-certified physician in an appropriate specialty for that condition. Patient is defined in section 499.0295, Florida Statutes.

Learn more:  
CompassionateUse  
@flhealth.gov



will prevent short-term memory dysfunction. At the same time, cannabinoids directed to cb2 affects only the body's immune system. Therefore, there have been small studies in arthritis, rheumatoid arthritis, cancer treatment, AIDS-related anorexia, inflammatory bowel disease, and degenerative neurologic disease, where the anti-inflammatory effects actually treat the underlying disease. There have also been studies from Boston University Medical Center that suggest that cannabinoids can prevent the dissemination of HIV as well.

**Education is required.**

The time has come to introduce legislature to legitimize the medical treatments envisioned. Most physicians do not have any information about the formulations, types of cannabis, or routes of administration. Their EMRs are not capable of tracking the benefits and side effects that are required by the law, calling for all plants to be registered and the medication and effects tracked down to the individual patient. Software development must bring the appropriate systems to the physicians' offices. To this aim, I have been asked to consult with a company that is developing software

to accurately follow these government requirements and develop a national educational platform for physician education. The hope is to develop webinars, local speakers, and physician guides specific to the differing state regulations.



**Newest Members**

- Venkata Bireddy, MD (IM)
- Raj Mohapatra, MD – RETIRED
- Eliot Reisman, MD - RETIRED
- Stephanie Trexler, MD (OBG)

**NON-MEMBERS WELCOME!**

**Bring a Physician Colleague to an HCMA Dinner Meeting...**

HCMA Membership Dinner Meetings are held four times per year. Introduce a non-member colleague to the HCMA by inviting them as your guest to a dinner meeting, at no cost to you.

RSVP to the next dinner meeting for you and your guest!

Call the HCMA for details: 813.253.0471



**THREE for FREE**  
If you recruit three physicians prior to August 31st, your HCMA dues for the following year will be waived!

**BECOME AN HCMA MEDICAL STUDENT MENTOR**

**In-Office Mentor**

Allow medical students to shadow you in your office. The frequency and number of students is up to your discretion.

**Dinner Meeting Mentor**

Escort up to three medical students during the social hour of an HCMA dinner meeting and invite them to sit with you and your colleagues during dinner. Medical students are eager to learn and receive guidance from practicing physicians regarding the medical environment.

Call the HCMA to sign up: 813.253.0471

Thank you for your consideration!

# Your Legislative Delegation!

The 2017 Legislative Session begins March 7th and adjourns May 5th. Be pro-active in the future of medicine - contact your legislators and educate them on issues important to the practice of medicine and the patients of our state. Below is a list of the Hillsborough Legislative Delegation with their contact information, and their assistants. Please use this information. To learn how you can volunteer to be "Doctor of the Day" during the Session, contact Elke Lubin, Executive Assistant, at the HCMA office (813.253.0471) or [ELubin@hcma.net](mailto:ELubin@hcma.net).

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**2017 FL Legislative Session**  
**March 7<sup>th</sup> – May 5<sup>th</sup>**



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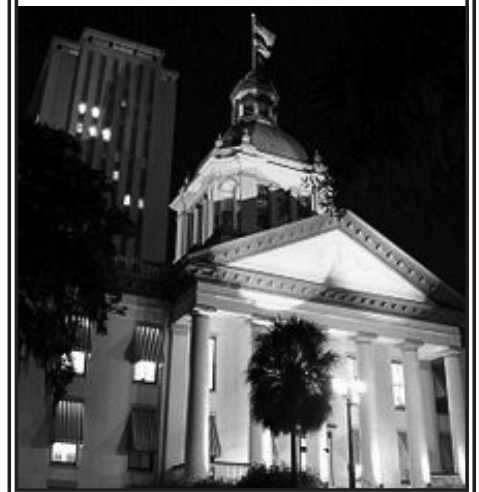
**Legislative Assistant**

Dewayne Mallory

**District Secretary**

Gabriel Legros-Powell

**To receive an  
application to  
serve as  
Doctor of the Day  
contact  
Mavis Knight  
Office of  
Legislative Services  
(850) 717-0301**



# Poets' Corner



## *Doctor in a Hurry*

Hello, how are you  
Rush in, rushed out  
Only 15 time slot  
Have to answer the bell  
Insurance companies,  
    Medicare dictates short visit time  
Otherwise your charts  
    Are audited for higher code

Only one problem  
    Can be discussed  
If more you have to  
    Make new appointment

Can't look at patient  
Have to fill in  
All computer spaces  
Other topics to discuss  
    Sorry  
Can only deal with  
    Subjects on the screen

Doctor's visit  
    Now like this  
    The check-out line  
    At the grocery store  
    Not like seeing friend of the family like before

~ Richard England, MD

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# To get out of a rut try The Mill in St. Pete

Ahhhh! To sit outside on a perfect December evening in Florida, eating tantalizing good food. According to the weather map that day, Florida was the only place in the continental United States to do so comfortably and we enjoyed it immensely. We are so very lucky!

If you are in a rut going to your same favorite local restaurant again and again, branch out with this one. Drive a little further or take Uber. You may find you like a food or drink you never dreamed of trying. We did.

First, the cocktails. Libations in the drinks include potions such as a manzanilla sherry, pistachio extract, cactus pear puree, and velvet falernum...whatever that is. Well, okay, I looked it up. It's a sweet Caribbean syrup flavored with almond, ginger, and cloves. Trying new tastes is all a part of the adventure here.

Our adventure started with a sweet pea hummus with a pear chutney and dukkah, an Egyptian condiment, crushed nuts, spices, and garlic oil. Endive leaves and lavash crisps were served as the utensils to dip into the hummus. It could have used a bit more spiciness or at least more chutney and dukkah. The appetizer frog legs and fish wings (I guess they capture flying fish) must wait until the next time.

Next, we tried a charcuterie and cheese platter with a spicy and good medium rare espresso coated venison pastrami, duck bacon, an excellent blue cheese, and a white cheddar. My personal favorite, however, was the octopus bacon... yes, octopus "bacon." The octopus was sliced very thin, had the chewiness of the octopus but tasted like the best bacon ever. They added several sauces and good slices of a most unusual candied garlic. The country spinach salad was perhaps the most standard item we enjoyed, with tiny specks of smoked Gouda, a plethora of spinach leaves, a few oven-roasted grapes, and slivers of red apple.

Then, we wanted to try the braised boar ribs with peanut butter BBQ (!) and the pork tomahawk but they were out of both. But what we did have did not disappoint.

All the entrees were filled with complex mixes of flavors. The medium rare honey seared tuna with a tangy blood orange beet puree and a sweet cantaloupe poke was colorful and one of the lighter entrees. The stuffed turkey leg was the opposite. It was hearty, stuffed, and surrounded by the whole Thanksgiving meal: cranberries, apples, figs, and a yam puree. The only light bits were airy, almost floating, dollops of a pecan meringue.

The diver scallops were crispy, well-seasoned, and also had a potpourri of accoutrements: tasty butternut and pancetta hash, cracklings, a mimosa of eggs, and a hot sauce that was fermented.

The lamb shank pot pie was also very hearty. Our server told us I could pull

the shank out of the pie and the meat would fall off into the pie...and it did. The lamb was not at all gamey but a mild and tender delight. The veggies, chevre béchamel thick white sauce, and puff pastry flavors intertwined to make a filling comfort food fit for a Midwestern farm dinner.

For dessert, you must try the most unusual pound cake grilled cheese. It appears to be a grilled cheese sandwich but is anything but that. The pound cake is soaked in champagne and cut like a slice of bread and stuffed with a small amount of mild cranberry stilton cheese. Delightful!

I am a cook. I am not a chef. A cook follows recipes and prepares foods with perhaps a little creativity. A master chef is one who takes surprising ingredients and blends into creative displays of plates you could never imagine making at home. The Mill is home to chefs.

(continued)



*Pound Cake Grilled Cheese*

## Restaurant Review



**Taste Bud**

The décor of The Mill is of an old mill or barn with pieces of machinery all over, including supports for tables. Don't miss the truck tire sink in the men's restroom and the old bathtub and its description in the women's.



**SUMMARY:**

	<b>CUISINE</b> 👂👂👂👂 1/2	<b>AMBIENCE</b> 👂👂👂👂 1/2	<b>SERVICE</b> 👂👂👂👂 1/2
<b>PLUSES</b> + + +	<ul style="list-style-type: none"> <li>An extensive display of talent and a fusion of flavors</li> <li>A welcome Tampa Bay addition from chefs and partners with a resume from Mise en Place, the Outback group, Casille, Boca and Ciro's.</li> </ul>	<ul style="list-style-type: none"> <li>Very comfortable and casual with a large bar</li> <li>Nice outdoor dining available</li> </ul>	<ul style="list-style-type: none"> <li>Friendly, attentive and prompt when needed</li> </ul>
<b>MINUSES</b> - - -	<ul style="list-style-type: none"> <li>The Mill was out of two of the entrees we ordered</li> </ul>	<ul style="list-style-type: none"> <li>Casual and creative but there are a lot of these type eateries around now</li> <li>Outdoor dining is very nice, but trolley bus announcements and occasional motorcycles may be annoying</li> </ul>	

*The Mill, 200 Central Avenue, St. Pete, 727-317-3930, www.themilltsp.com*

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## IN MEMORIAM

It is with much sadness that we report the following member of our medical family has passed away...

We are sad to announce that we recently learned that **Dr. Henry Livingston "Hank" Wright**, a member since 1957 and the 1968 HCMA President, passed away on May 16th in Boca Grande where he resided for over forty years; he was 92 years old. Since 1982 he was the HCMA's only Honorary member...up until recently. After serving in the Armed Forces, he returned to the United States in 1946 and completed his pre-med studies at Springhill College in Mobile, and attended Duke University Medical School in 1952. He interned in ob-gyn at Duke Hospital. Dr. Wright served his ob-gyn residency at the Ochsner Foundation in New Orleans, did a Fellowship at Tampa General Hospital and then practiced obstetrics and gynecology at TGH and St. Joseph's Hospital for 20 years. While in Tampa he served as president of the Hillsborough County Medical Association, president of the University Club of Tampa, and commodore of the Tampa Yacht and Country Club. He also served as president of the Florida Ob-Gyn Society and chaired the United Way of Tampa. He was a member of Ye Mystic Krewe of Gasparilla, Palma Ceia Golf & Country Club, the MerryMakers Club and the Exchange Club. Dr. Wright then moved to Boca Grande and was the director of the Boca Grande Health Clinic for 28 years. He is survived by his wife, June; three daughters, grandchildren, stepsons and their children; and many more relatives, friends, and colleagues. Dr. Wright requested that any memorial gifts in his name be directed to the Daniel DeLaVergne Gift of Life Fund at TGH Foundation, P.O. Box 1289, Tampa, 33601 or Boca Grande Health Clinic Foundation, P.O. Box 2340, Boca Grande, 33921.

*Our heartfelt condolences go out to the family and friends of Dr. Wright.*



In the December 30, 2016 edition of the Tampa Bay Business Journal's "Meet the Power 100," **Dr. Alan List** was included in the Health Care section. Dr. List, an HCMA member since 2008, was recognized for his accomplishments as President & CEO of the H. Lee Moffitt Cancer Center & Research Institute. As CEO of the only National Cancer Institute-designated Comprehensive Cancer Center in Florida and one of only 47 in the country, Dr. List oversees one of the top cancer hospitals in the nation. Moffitt is renowned for its research programs, which result not only in advances in cancer treatment, but lead to the creation of biotechnology companies in the area. Moffitt is also embarking on a new expansion plan.



The TBBJ's Power 100 Health Care section also acknowledged **Dr. Charles Lockwood**, an HCMA member since 2014. Dr. Lockwood was recognized for his status as the Senior Vice President, USF Health Dean of the USF Health Morsani College of Medicine. He leads the Morsani College of Medicine and the Colleges of Nursing, Public Health, and Pharmacy; and the School of Physical Therapy and Rehabilitation Sciences at USF Health. Dr. Lockwood was named a fellow of the American Association for the Advancement of Science at the end of 2016, ranking USF number four among all organizations worldwide in new designations to AAAS.



**Dr. David Lubin**, an HCMA member since 1977 was recently bestowed the membership category of "Honorary Member." The HCMA Board of Trustees recognized Dr. Lubin for his distinguished service to the HCMA: serving on nearly every HCMA committee throughout the years, including over 10 terms on the HCMA Executive Council. He has volunteered for every HCMA project and membership drive. He has served on the HCMA Editorial Board, since 1990, soon becoming The Bulletin's Art & Cover Director and then moving on to Editor in 2001. Many thanks and congratulations to Dr. Lubin!



WOW! What a surprise to see HCMA Past President and recipient of the 2016 HCMA Outstanding Physician Award, **Dr. Bruce Shephard**, on our TV screen! Dr. Shephard and his son, Carl, were in Chicago for President Obama's Farewell Speech and made it on TV. Dr. Shephard reported he was able to shake the President's and First Lady's hands as they were exiting the event. How exciting to be a part of such an event and have it caught on camera for posterity.

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