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The Bulletin

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Executive Council Meetings 6:00 pm @ the HCMA Office

May 23, 2017

HCMA Dinner Meeting

May 9, 2017

6:30 pm

The Westshore Grand
(formerly the InterContinental Hotel)

Watch your email
for more details

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GOT SOMETHING TO SAY?

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: March/April 2017



ABOUT THE COVER

Rather than one unusual ferris wheel picture from the Florida State Fair, Dr. Lubin chose four of the same ferris wheel with different sequences of lights, providing the artsy-fartsy effects.

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Torn Jeans, Beta Blockers and Junk Furniture

She told me she was sorry she was late for her appointment with me, but she came directly from school without stopping, not even to use the bathroom.

When I looked up from my computer screen I saw a high school student sitting in a chair wearing dirty ripped sneakers, torn jeans, and a nondescript blouse. As I had known her for many years, she was happy to show me the new school clothes she was wearing that she had just gotten for Christmas. “WOW,” I said, “when I was your age if someone wore dirty sneakers and ripped pants, (jeans were definitely a taboo to wear to school) they would have been made fun of and laughed out of school.”

Later that day, Richard came in for his three month appointment to check his blood pressure. I knew he was a small business owner but I didn't know exactly what he did. After asking, he told me that he owned an antique/used furniture store. Recently, antique/used tables had been selling extremely well in other stores. He was overstocked with new white tables which were collecting dust, as they had been on display for so long without selling. However, after repainting them, putting a few dents on the legs and scratches on the tops, not to mention a few stains and water marks, he sold out his stock of “used/antique furniture” within two weeks for twice the asking price. He was so proud of his work and showed me photographs. What a bunch of junk, I thought to myself. It looked like the type of item I would put in my garbage can. “Very nice,” I said with a smile on my face.

I remember many years ago when the class of beta blocker drugs was introduced. We were taught never to use this class of medications in a patient with heart failure. As we all know, such therapy is commonly used today in heart failure. Why the change? The answer is easy: patients lived, patients died, studies were done. Evidence based medicine provided us with objective evidence of their effectiveness in the treatment of heart failure.

Therefore, from an intellectual perspective, I understand why this change of opinion/medical

“culture” occurred. But, why the change of opinion in torn jeans as opposed to untorn jeans? Why is furniture that is considered “antique” more sought after and more expensive than new furniture? In my opinion, the answer to these types of questions regarding changes in culture, opinion, mores, etc. can be found in one of my favorite books, *The Tipping Point* by Malcolm Gladwell.

To briefly summarize his premise, Mr. Gladwell explains the “tipping point” is that magic moment when an idea, trend, or social behavior crosses a threshold, tips, and spreads like wildfire. Just as a single sick person can start an epidemic of the flu. So too, can a small but precisely targeted push cause a fashion trend, the popularity of a new product, or a drop in the crime rate. I highly recommend this book if you wish to further explore tipping points that have changed our world over the past years.

Taking this on an individual level, consider the tipping points in your own life. What decisions have you made and what was the tipping point event which caused you to make a potential life altering decision; a marriage, a divorce, to have children, or to apply to medical school? By looking at your decisions in this light, you may be surprised about where your life is today or what events led you to past decisions. Also, going forward, you just may make more informed decisions about your future.

Mr. Gladwell, kudos to you for one of the most enjoyable, well written, and thought provoking books I have read in many years.

Finally, if you enjoy *The Tipping Point*, I would suggest another one of Gladwell's best-selling books, *BLINK*. As other reviewers have said, “You'd be surprised what you can learn about someone by their facial expressions in the blink of a second.”

Happy summer reading and please do not hesitate to e-mail me with any of your interesting tipping points.

President's Message



Fred Bearison, MD
drfredb1@gmail.com



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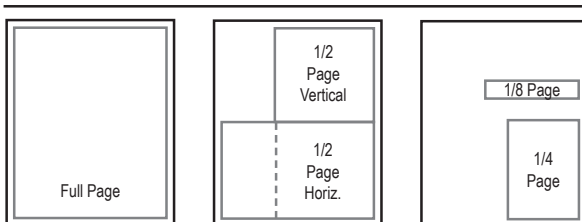
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Modern Technology- Benefit or Detriment

On my way to write my column for this issue, I paused to read my favorite weekly magazine, *The Week*. I was turned on to it years ago and it delivers a summary of news articles from various media publications, travel info, gadget suggestions, health and science...just a potpourri of info to entertain you. The problem is if you fall behind a couple weeks, then the news is all old stuff. But I always like the Editor-in-chief's "Editor's letter." This week William Falk wrote about what he describes as the "eff you" culture, and defines it by an incident where a pregnant woman was riding the subway, hanging onto the bar and swaying, while no one offered her a seat. The woman was *The Week's* managing editor, Carolyn O'Hara.

I see it myself, especially when driving. You let someone merge in your lane and you don't even get a half-hearted thank-you wave. Probably because they're on their cellphone and are only half aware that you let them in. I always make it a point to wave a thank-you when someone lets me in. Falk thinks it's because there are several factors making us more self-centered. He blames electronic devices for customizing our music, videos, news, texts, and Facebook updates. He says, "The commons' of shared information, culture, and basic values is fading away. My reality trumps yours; in fact, your very existence in my space is an intrusion in my bespoke world."

We ignore each other; we each have our phones and have to answer that text while we're at dinner, or see who's posting on Facebook. We see couples at dinner, even more than one couple, all on their phones, ignoring one another. People drive with their phone in their hand, it's obvious they're not paying attention to their surroundings. Next time you're on the phone and hang up, just try to remember what intersection or buildings you passed.

We're physicians. Communication is critical. 40 years ago we sat with a patient, asked questions, lots of questions in "physical diagnosis," and then WROTE out our history and physical. We wrote out progress notes in charts. That doesn't happen now; it's all becoming electronic, but the young physicians of today don't know any differently,

because electronic devices have encapsulated even our medical profession.

I don't know what it's like making rounds now-a-days, but I remember when I made rounds and tried to remember patients' names, although we had the chart to assist us. But I tried to avoid calling a patient the "pneumonia" in 715. That just wasn't personal. But now you don't even have to see patients to treat them. With telemedicine, you can view a patient thousands of miles away. Who would have thought, 50 years ago, that technology like that would exist? That our cellphones would have more computing ability than the first computers involved taking astronauts to the moon. That cellphones would replace computers entirely and that there'd be an "app" to do anything and everything? That the Encyclopedia Britannica would become obsolete because you'd be able to Google ANYTHING? That you'd be able to wave your iPhone over a thingamajig and pay a bill? That you could complete your Christmas shopping without ever leaving home?

Yes, technology has certainly taken us into the future, or maybe it's "back to the future," and according to *The Week* editor, it has resulted in us being stuck in the "eff you" culture.

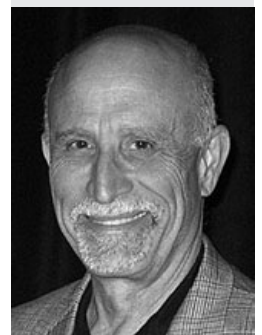
But... if technology is so advanced, why do certain phenomena still exist?

Why does cereal still come packaged in non-resealable wax paper bags inside cardboard boxes? And if we can land a man on the moon, and a lander on a comet, why can't someone come up with something better than a twisty tie for a loaf of bread?

And one of my favorites...ever try to get a Band-Aid out of its wrapper? Or a head of iceberg lettuce out of its?

And what about those funky hospital gowns that still tie in the back? Stay tuned, I'll fill you in on my own personal experience with one in the next issue.

Editor's Page



David Lubin, MD
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Technology and the Dwindling of Human Compassion

“Distracted from distraction by distraction.” – T.S. Eliot

Since the planned topic for my column recently fell by the wayside, I decided to piggyback off this issue’s column by Dr. Lubin regarding modern technology and the benefits and detriments it has had, and will continue to have, on the human race. For those of you who have already read Dr. Lubin’s column, it’s difficult to not agree with William Falk, Editor-in-chief of *The Week* magazine, on his description of our “eff you” culture and the self-centeredness of a society that rejects intrusions of any sort into their customized world.

In the May/June 2016 issue of *The Bulletin*, I wrote an edgy column regarding advanced technology, specifically how the progression of Artificial Intelligence and robots will, in my opinion, cause destruction in the lives of many and have profound effects on our youth. I still feel strongly that the lightning fast modernization of technology can take over humanity to the point of causing the disappearance of the human connection altogether.

Although technology, as a whole, has done wonders for humanity, it’s certain that it has drastically changed human interaction and the way the world functions. Today’s youth spend a tremendous amount of time maintaining superficial connections through technology which leaves little time to cultivate real-life relationships. And as there is no filter on the way one speaks using social media, it plays a huge part in the deficiency of social skills which seem so prevalent. The lack of personal interaction is helping to create a generation of non-empathetic, self-absorbed adults who live in their own tailored realm of fantasy. This in no way singles out our youth, as Dr. Lubin points out.

On any given morning, young and old alike begin their day checking email and responding to texts. Much of their day is spent on a tablet, mobile device, or laptop. Messaging, browsing, friending, and tweeting are endless. Experts feel that conversations via these avenues lack con-

text, fall short on compassion, and fail to provide vital personal touch. It is proven that we can be distracted to the point of being oblivious to our very surroundings. Unfortunately, this is a frightening fact involving social media (especially when combined with other tasks). There is a woman who lives in my neighborhood who, every morning in her workout gear, briskly pushes her toddler in a stroller with one hand while holding her cell, rather close to her face, in the other (and without ever looking up). Her dog’s leash is attached to the stroller’s handle as he tries desperately to keep up. My neighbor is getting her daily exercise, her toddler is getting fresh air, the dog is being walked, and she’s obviously being kept informed via her cell phone, all without missing a step! I would gladly debate, however, any person who claims she isn’t oblivious to her surroundings.

Although statistics show the average age for a child to receive their first smartphone in the US is 10, I have seen children as young five “borrow” their parent’s or sibling’s phone to play games, download apps, and yes, text! By the time they reach their teen years, they have an address book that surpasses most adults. And I can speak from experience that a teenager can rack up an average of 1,500 texts per month with ease. It always seemed astonishing to me, but I confirmed it was not uncommon after talking with other parents at that time.

As society looks for instant gratification 24/7, social media has become an addiction of gigantic proportion. I recently read that “we have far more information accessible to us than we’re programmed to have. Constantly having access to anything we think we need or want, especially social interaction, becomes too much to handle and is technically not even real – it is cyber interaction. Social media is a metaphor for real life, handicapping us as a functioning society.”

What is most troublesome are the various ways social media has been misused. Cyberbullying has caused children of all ages to take their

(continued)

Executive Director’s Desk



Debbie Zorian
DZorian@HCMA.net

own lives. Our youth have been exploited and preyed upon by immoral people and sex offenders. Lonely people have fallen victim and suffered at the hands of those who have found yet another way to plot wrongdoings, most often involving the greed for money.

Society also misuses what technology offers every time they snap photos from their smartphones during horrific situations. I remember the day when most wouldn't hesitate to help others who were in harm's way or in distress of some sort. In current days, compassion is being stripped away by those who "see no difference between videoing their children taking their first steps and a man taking his own life," as being investigated in England recently when a man took his own life after being provoked by a small crowd of people. I read further examples online of people who

took selfies and shared them on social media to see how many "likes" and retweets they could get, during very grim events. One disturbing story in the UK involved a woman who died after being hit by a lorry only to have passersby stop to take pictures to post on Twitter. Many, including myself, wonder why it is OK to video a person dying on the street, or take a selfie during a tragic event. Of course, if legislation tried to put a stop to this kind of morbid behavior, the opposed would be rallying for their civil rights.

This brings up other sensitive issues that I feel are engulfing our society ad nauseam.

Thus, my next column...



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Annual Installation Dinner

Tuesday, May 9, 2017

The Westshore Grand

(formerly the InterContinental Hotel)

6:30pm – Social Hour

7:30pm – Dinner, Installation, & Program



Guest Speaker:

Mr. Nikolas "Nik" Wallenda
Acrobat, Daredevil, & High Wire Artist

Self-described as "The King of the Wire," Mr. Wallenda is known for his high-wire performances without a safety net. He holds nine Guinness World Records for various acrobatic feats, but is best known as the first person to walk a tightrope stretched directly over Niagara Falls; the feat was broadcast internationally.

A seventh-generation member of the legendary Wallenda family, Mr. Wallenda grew up performing, entertaining and pushing the boundaries of gravity and balance. At age 13, he made his professional tightrope walking debut. He chose high-wire walking as his career in 1998, after joining family members in a seven-person pyramid on the wire. In 2001, Wallenda was part of the world's first eight-person high-wire pyramid. From 2002 to 2005, he performed with his family at various venues, forming his own troupe in 2005.

In 2013, Mr. Wallenda released a memoir entitled, *Balance: A Story of Faith, Family, and Life on the Line*.

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Call the HCMA to RSVP: 813.253.0471.



**Presidential Reinstallation of
Fred Bearison, M.D.**

Nominating Committee Report

As the 2016 nominee for Vice President was not able to move up to President-Elect, HCMA Leadership determined the best plan for the HCMA.

Dr. Bearison will serve a second term as President and Dr. Bernasek will serve a second term as President-Elect. Dr. Jose Jimenez will continue to serve as Immediate Past President for another term. This allows leadership additional time to consider their future positions within the HCMA.

Dr. Bearison will be re-installed as HCMA President during the May 9, 2017 Installation Dinner being held at the Westshore Grand.

As there is no opposition in any of the open seat races, a motion was made and carried by the Executive Council, approving the Nominating Committee report. The members below will serve the HCMA in the following capacities beginning May 10, 2017:

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HCMA Leaders Meet with Legislators and Legislative Assistants

On February 1st members of the HCMA Leadership met with members of the Hillsborough County Legislative Delegation and their aides. Ten of the thirteen members of the delegation (Senators and Representatives) were represented at the luncheon and discussed with HCMA leaders the issues affecting physicians, their practices, and their patients.

This event, the HCMA's 23rd, has proven to be the most successful event that allows HCMA leaders and staff to discuss, one-on-one, with Legislators and their senior staff members the issues facing medicine and the citizens of Florida. Of the thirty-six people in attendance, eighteen represented various House and Senate district offices.

Attendees included: Usman Ahmad (2nd Yr. Medical Student), Jongin (Julia) Baek(1st Yr. Medical Student), Fred Bearison, MD (HCMA President), David Becker, MD (FMA President), Robyn Bryant (Dist. Aide/Rep. Raulerson), Bill Butler (HCMA Alliance President), Madelyn Butler, MD (HCMA & FMA Past President), Preet Cheema, MD (BRH Resident/PGY2), Christopher

Clark (FMA Sr. VP/Public Affairs), Michael Cromer, MD (HCMA Dist. 3 Rep.), Rep. Janet Cruz (HD #62), Nishant Dagli, MD (BRH Resident/PGY1), Erika Flores (Leg. Asst/Rep. Cruz), Kathy Galea (Leg. Asst/Sen. Galvano), Sen. Bill Galvano (SD #26), Rep. Shawn Harrison (HD #63), Ed Homan, MD (HCMA Past President and former HD#60 Rep.), Melonie Hoyt (Leg. Aide/Sen. Young), Brenda James, Jose Jimenez, MD (Leg. Comm Chm/HCMA Past President), Elke Lubin (HCMA Executive Assistant), David Lubin, MD (Editor, The Bulletin), Dwayne Mallory (Leg. Asst/Rep. Newton), Matthew Monte (1st Yr./Medical Student), Rep. Wengay Newton (HD #70), Gloria Perez (Dist. Asst/Rep. Raburn), Karen Pittman (Alliance Member), Gabriel Powell-Legros (Dist. Secretary/Rep. Newton), Jay Rao, MD (HCMA Treasurer), Lynn Ringenberg, MD (HCMA Member), Rep. Sean Shaw (HD #61), Kimberly Simon (Leg. Asst/Rep. Grant), Macey Smith (Leg. Asst/Sen. Galvano), Rep. Jackie Toledo (HD #60), Matthew Yost (Leg. Asst/Sen. Galvano), and Debbie Zorian (HCMA Executive Director).

Legislative Luncheon



Sean Shaw
HD #61



Jackie Toledo
HD #60



Jose Jimenez, MD
HCMA Legislative
Comm. Chm.



Madelyn Butler, MD
HCMA & FMA
Past President



Janet Cruz
HD #62



Wengay Newton
HD #70



Lynn Ringenberg, MD
HCMA Member



Jayant Rao, MD
HCMA Treasurer



Dr. Ed Homan (HCMA Past President and former HD#60 representative), Dr. Jose Jimenez (HCMA Legislative Committee Chm. and Past President), Dr. David Becker (FMA President), Rep. Shawn Harrison (HD#63), and Dr. Fred Bearison (HCMA President).





Dr. Manuel Rose, HCMA member and dinner meeting exhibitor, poses with Dr. Jack Parrino.

Left photo: HCMA's Administrative Staff - Kay Mills (Event & Membership Coordinator), Elke Lubin (Executive Assistant), Jean Repass (Bookkeeper/Office Mgr.), and Debbie Zorian (Executive Director). Right photo: The best dinner meeting helpers ever! – Jackie Courtney, Veronica DeGuenther, and Samantha Johnston.



Mr. William Becker, representing Cherry Bekaert, CPAs, presented Ms. Nicole Le, a 2nd year medical student with HCMA/Cherry Bekaert scholarship while Ms. Audrey Hopkins, a 3rd year medical student, accepts her matching award from HCMA Foundation President, Dr. Michael Wasyluk. .

Frank Connolly, Tower Radiology Centers' Chief Marketing Officer, welcomed attendees to the meeting. Tower, a dinner meeting co-sponsor, was well represented!



Florida Hospital Tampa was also a dinner meeting co-sponsor. Dr. Allen Chudzinski, a member of the Advanced Center for Colorectal Surgery at Florida Hospital Tampa, addressed the guests.

Drs. Michael Albrink, Jim Davison, and Alexander Rosemurgy mingle with USF medical students.



Guest speaker, Susan MacManus, PhD, Professor of Political Science at USF, Bill Butler (HCMA Alliance President) and Dr. Fred Bearison (HCMA President).



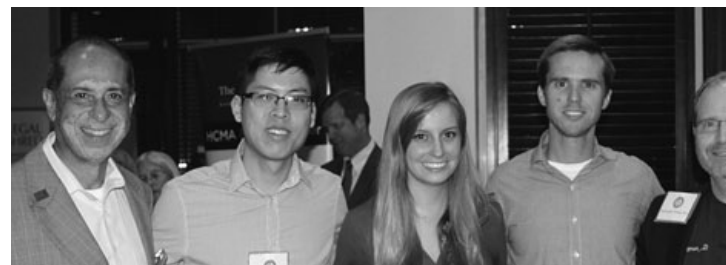
Erin Aebel, an attorney with dinner co-sponsor and HCMA Benefit Provider, Shumaker, Loop & Kendrick, is all smiles! Ms. Aebel is a member of the Health Care Practice at Shumaker, Loop & Kendrick.



New member Dr. Raj Mohan, Prakrit Jeerapaet and Lynn



Dr. Husain Nagamia and his medical student mentees.



Drs. Rahul Mehra (left end), Christopher Pittman (right end) and the students they hosted during the social hour.

Thank You Florida Hospital Tampa, ProAssurance, Shumaker, Loop & Kendrick, LLP, and Tower Radiology Centers!

On February 7th, the Hillsborough County Medical Association (HCMA) held its dinner meeting at the Westshore Grand Hotel.

Guest speaker, Susan MacManus, PhD, Professor of Political Science at USF, gave an exceptional presentation on political trends, what they mean, and how the media can affect viewpoints. No fake news or alternate facts were involved.

During the program, the Annual \$1,500 HCMA/Cherry Bekaert USF medical student scholarship was awarded. The HCMA Foundation awarded a \$1,500 matching scholarship to also recognize an exemplary USF medical student. Ms. Nicole Le, a 2nd year medical student and Ms. Audrey Hopkins, a 3rd year medical student, were this year's scholarship recipients, respectively.

We'd also like to recognize the following HCMA members who volunteered to serve as medical student mentors during the social hour. The medical student contingency is very appreciative of the physicians who took the time to spend with them: Drs. Erfan Albakri, Michael Albrink, Madelyn Butler, Michael Cromer, Eva Crooke, William Davison, Rebecca Johnson, Rahul Mehra, Husain Nagamia, Christopher Pittman, and Joel Silverfield.

Many thanks for the generosity and continued support of Florida Hospital Tampa, ProAssurance, Shumaker, Loop & Kendrick, LLP, and Tower Radiology Centers for making the evening possible.



Chapatra chats with Drs. Ringenberg.



David Goss, ProAssurance VP of Sales and Marketing, made a few comments prior to the program. ProAssurance is the exclusive HCMA Benefit Provider for medical liability insurance and was also a dinner co-sponsor.



USF College of Medicine Dean, Dr. Charles Lockwood, was thanked for his continued support of the HCMA.



Dr. Jay and Lois Older.



Drs. Hernan Leon and Stanley Dennison.

In lieu of an honorarium, Dr. MacManus asked a contribution be made to her favorite organization, Pi Sigma Alpha, which is the political science honor society at USF. Dr. Fred Bearison presented Ms. Georgia Pevy, society president, with the donation.



Linda O' Leary (Canerbury Tower), Dr. Joel Silverfield, Joyce Mitchell (Canterbury Tower), and Dr. Robert and Susan Isbell.

Your Legislative Delegation!

The 2017 Legislative Session began 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, their contact information, and their assistants. Please use this information.

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**Contact Elke at the HCMA
to receive a copy of the
2017 FMA LEGISLATIVE AGENDA
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Poets' Corner



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Because that subject
Is not topic
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Prescription refill
Or another complaint

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Be prepared for
Another short
Government computer
TIMED appointment

~ Richard England, MD

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2017 HCMA

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Online Physician Reviews: Embrace or Ignore Them?

You need to have a thick skin to be a practicing physician. We all know that. However, it does not seem fair that a single patient encounter can result in an online review of one star out of five, for all to see on the first page of Google. Even worse, the awful review may have nothing to do with clinical competence: getting the diagnosis right and implementing a cost-effective and efficient treatment plan.

8 out of 10 patients reportedly use online reviews to evaluate physicians. 3 out of 4 patients use online reviews as their first step in choosing a doctor. 6 out of 10 patients feel that doctors should respond to negative online reviews. Nearly half would go to and pay more money to see an out-of-network doctor if the reviews were higher than an in-network doctor. Many patients will choose online reviews over cost and convenience when choosing a doctor. Given this information, we as physicians must pay attention and take our online presence seriously.

The good news is that patients do care most about a doctor's accuracy of diagnosis above all other care quality information. The problem is that these online reviews by patients cannot possibly provide a true rating of a doctor's clinical excellence. Often, these online reviews reflect a customer experience like how long it took to get an appointment, wait time in the office, ease of scheduling, and whether the patient clicked with and liked the doctor (a.k.a. bedside manner).

So, what can we, as physicians, do to improve our online reviews? We must dedicate human resources either within or external to the practice to monitor our individual and our group's online presence. We must consider purchasing and utilizing available software that helps automate the recruiting process for positive online reviews. Ultimately, we really need to look within our individual and group practice to make a McDonald's experience where the customer comes first: from the initial person who answers the phone to the time the patient leaves the door, and oh by the way, to include the right diagnosis and value-added treatment plan.

Some easy things we can do include: 1) Ask only real patients to post reviews. 2) Request, but don't pressure happy patients to post an online review. 3) Offer patients constant feedback opportunities via the practice privately, so they do not feel the need to do so publicly online. 4) Accept the bad reviews and embrace the good reviews by responding publicly in a professional non-confrontational manner to the bad reviews. 5) Improve customer service by addressing any consistent themes in negative online reviews. For example, if online reviews consistently note excessive wait time or how phone calls are handled, then accept these insights as truth and make the requisite changes.

If we google ourselves, certain popular websites pop up including Healthgrades.com, Vitals.com, and Ratemds.com. General review sites like Yelp and Angie's List also rate us. Per a zocdoc survey, 85% of physicians read their online reviews. I often wonder: what's in it for these online review sites? What's their business model? The answer is internet advertising, which is the revenue engine that powers online review websites. Every time a patient visits a website, a banner advertisement is shown. The website gets paid a CPM (cost per thousand) which is a payment for every 1,000 ads they show. A website's job is to get more viewers so they can sell more CPMs. Because these websites are relatively low tech and provide similar information, the barrier to entry is small. New online physician review sites just keep popping up. However, the key is for the online review site to appear on the first page of Google, and hence perpetually get more viewer screen time, and more revenue.

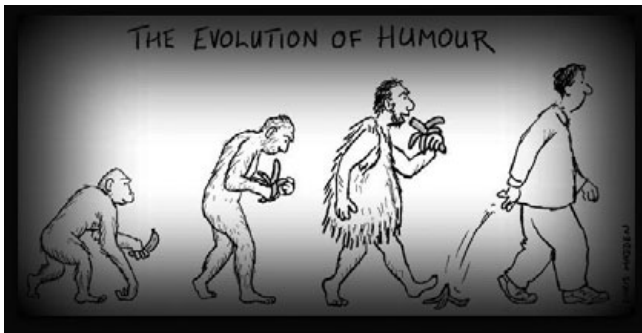
Review sites LOVE NEGATIVE REVIEWS, which is a major conflict of interest between doctors and the growing number of review websites. If a website like Healthgrades has negative reviews for a doctor, true or not, they are winning search results because the doctor's reviews provide unique content. The more outrageous the reviews, the more readers the website receives. Sensational reviews are a reliable way to attract viewers and sell advertising.

(continued)



Steven Barna, MD
stevenbarna@yahoo.
com

My two cents: for the time being, we as physicians must play to the best of our ability by the rules of this current game, as unfair as it may seem to be. I myself am guilty of relying on online reviews when choosing a restaurant on open table, or buying something on Amazon, especially when over 1,000 reviewers rate something at 4.5 stars. How can 1,000 people possibly be wrong? Of course, we know the problem is that the level of expertise needed to judge a restaurant or a pair of shoes comes nowhere near the level of judgment needed to find a clinically excellent, ethical, value-minded physician. Furthermore, most of us may have one or two handfuls of reviews to our name, certainly not a 1,000 to at least add some statistical significance to the rating. Otherwise, we have two other alternatives where online reviews won't matter: mimic an ostrich or retrain as pathologists.



Be Childish...

On average, a child laughs 300 to 500 times a day while the average adult laughs approximately 15 times a day. Laughter has tremendous short-term “positive side effects.” Laughing not only lessens your load emotionally but it can induce physical changes in your body as well.

Benefits of Laughing

- Decreases stress hormones
- Triggers release of endorphins (the body's natural feel good chemicals)
- Relieves physical pain by releasing natural pain killers in the body
- Helps you lose weight
- Gives you good sleep
- Makes you look younger by decreasing facial tension
- Increases immune cells (resistance to disease)
- Lowers blood pressure and pulse

As we progress through our life span, we become more serious and less relaxed. As a direct result of our own internal and external stress, we fail to laugh or find humor in our lives.

Childhood teaches us about playfulness, joy and laughter. It teaches us to be “in the moment”. Unstructured activities allow for fun, creativity, and pleasure when external limits are removed. Chronic stress, anxiety, and tension are deterrents to optimal organizational performance and productivity.

Go out, laugh, play, have fun, and be like a kid!

Reprinted with permission from the January/February 2017 MehraVista Moment. <http://mehravistahealth.com/>

Woman: Do you drink beer?
 Man: Yes
 Woman: How many beers a day?
 Man: Usually about three
 Woman: How much do you pay per beer?
 Man: \$5.00 which includes a tip (this is where it gets scary!)
 Woman: And how long have you been drinking?
 Man: About 20 years, I suppose.
 Woman: So a beer costs \$5 and you have three beers a day which puts your spending each month at \$450. In one year, it would be approximately \$5,400 correct?
 Man: Correct.
 Woman: If in 1 year you spend \$5,400, not accounting for inflation, the past 20 years puts your spending at \$108,000 correct?
 Man: Correct.
 Woman: Do you know that if you didn't drink so much beer, that money could have been put in a step-up interest savings account and after accounting for compound interest for the past 20 years, you could have now bought an airplane?
 Man: Do you drink beer?
 Woman: No.
 Man: Where is your airplane?

What Have We Done?

Forty-five years ago I started my internship in internal medicine at the University of South Florida program at Tampa General and the Tampa VA Hospital. Back then, as the intern in the Emergency Department, you were frequently the only physician in the department. You had seasoned nurses to give helpful suggestions, but you were all by yourself except if you had a major question and then you could always ask a resident for some guidance.

There were three interns assigned to the ER each month and it was up to us to devise ways to see all the people. Our group of three worked sixteen hour shifts for two days and then had the third day off. There were no attendings present and we had no CT scans or ultrasounds to help us make decisions and diagnoses. The vast majority of patients had no doctors for us to call. In those days, patients who were sick called their doctor and were seen by their private physician for the most part. St. Joseph and University hospitals had already made provisions for full time physicians in their ERs but it would be several years before Tampa General had the ER covered by full time physicians. In those days, there were no ER residencies and so most of the physicians were family practice, internal medicine, or sometimes surgeons. Many hospitals used moonlighting residents from various programs to cover their ERs at night and on weekends.

My first job after attaining my license in August 1973 was in the ER at Community Hospital of New Port Richey, working for the group known as Copenhaver, Decker, and Bell. A radiology resident was the one who made the schedule out and we were all happy to be able to make some extra money. That first job paid me \$13/hour but the ER really was not all that busy. Shortly after starting in New Port Richey, I moved to St. Petersburg General Hospital for a 50% increase in pay but a doubling down of the work load. One late night, a patient came in with a pneumothorax and I quickly consulted the thoracic surgeon who was on call for general surgery. He promptly informed me of my duty to allow him to sleep as he was a busy doctor and that I would have to put the chest tube in myself. Good thing I had seen one or two done before.

Now, thanks to forty-five years of progress in medicine, we have pediatric neurosurgeons,

gynecologic oncologists, and interventional neurologists who can remove the clots out of the smallest of inter cranial arteries. These people are all available to us on very short notice. One thing we don't have anymore, however, is the availability of the patients' physician - the answering service has directed the patient to go to the ER if they feel they are ill. I do not feel there would be a value judgment made here. We can now do almost anything to anybody at any time of the day but the question still remains "what have we done?"

Medicine has become so complex as well as specialized. It helps to have your own cardiologist or surgeon or other specialist but they still seem to end up in the ER. Thank God I've learned a few things over the past forty-five years. God bless the physicians that help us care for the millions seeking care in our nation's ERs, for they have now become that patient's physician.



Newest Members

- Julia Cogburn, M.D. - Oncology
- Kathryn Convers, M.D. - Internal Medicine
- Neil Fenske, M.D. - Dermatology
- Christopher George, M.D. - Oncology
- Tarik Haddad, M.D. - Pulmonology
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- R. Waide Weaver, M.D. - Oncology
- David Wright, M.D. - Oncology

Practitioners' Corner



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Snake Oil Again?

Those old enough to remember seeing the movies produced in the 1940s and 50s about the early American West remember the ubiquitous presence of the covered wagon on the back of which stood a “snake oil salesman” hawking unproven patent medical remedies to an unsuspecting public. In the late 1800s and early 1900s American medicine was substandard and loosely regulated. Many for profit medical schools turned out poorly educated physicians by today’s standards and seedy profiteers sold quack remedies promising fake cures.

In 1904, the AMA created the Council on Medical Education with the objective of restructuring and setting standards for medical education. In conjunction with the Carnegie Foundation, in 1910, the Flexner Report was released resulting in a single model of medical education based on the scientific method, adequate premedical education, basic science, and laboratory experience, followed by hospital patient exposure in university affiliated hospitals and full-time medical faculty. State regulation of medical schools and AMA oversight followed.

Although it was created under the Pure Food and Drugs Act by Congress in 1906, the Food and Drug Administration (FDA) did not become known by its current name until 1930. Enhanced in breath and regulatory powers over the years, its purpose is to protect public health regarding food, drugs, supplements, cosmetics, and therapeutic devices by affirming their efficacy and safety.

In the recent past I have been astounded by the number of solicitations I receive by mail and email, not mention television ads, regarding drugs, vitamins, and purported healthy diet supplements. It is amazing how many declare in fine print somewhere “Not Approved by the FDA.” Even in the Tampa Tribune (prior to being bought by The Tampa Bay Times), almost daily, there were 1/3 page advertisements for new drugs, devices, or other health products usually with a single glowing testimonial as to how “it turned my life around,” featuring a physician who developed it. At the bottom of the page in microscopic print is always the disclaimer “Not approved by the FDA.” Even Dr. Oz has come under scrutiny! Marketing and science both have value, but together, only when they are appropriately matched.

As the Delegate to the AMA for the American Society for Reproductive Medicine I was intrigued by the address of Dr. James Madera, AMA CEO and Executive Vice President to the House of Delegates at the annual meeting of the AMA in June 2016, regarding emerging technologies as we enter the “digital age.” He used the term “digital snake oil” in the sense of “a critique of a direct –to- consumer industry that exists today with little oversight and often questionable scientific evidence to support the claims made.” In discussion with AMA Wire afterward, Dr. Madera indicated that the premise of his remarks was that “innovations in medicine must be validated, evidence-based, actionable and connected. For new technologies to reach their potential, they must exhibit these primary features in order to bring patients and physicians closer together for improving health outcomes”.

Are we “Back to the Future” in the parlance of another mid-20th century movie?



Reflections

NON-MEMBERS WELCOME!

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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.

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



Barry Verkauf, MD
bverkauf@verizon.net

Brandon's Boca - Nearly "Boca Grande"

Boca Kitchen Bar Market in Brandon is located in the Disneyesque Winthrop Town Centre on Bloomingdale Avenue and is a welcome addition to an area packed with fast food and neon.

An offshoot of the South Tampa Boca, with locations also in Sarasota and Winter Park, this bistro-type upscale cafe is comfy and casual with a multitude of seating options indoors and out.

Like the "Tampa" Boca, there are crafty cocktails, such as the sweet "Fly Dye" with gin, crème de violette, St. Germain, sugar and "butterfly pea flower" extract, partially mixed at the table, Meyer lemon martinis, as well as classic cocktails, and a varied wine list. The wines are mostly moderately priced. By the way...has anyone noticed restaurant wine lists have gone from costing twice retail to thrice?

"Tastings," i.e. appetizers, may be the best here. All the flatbreads are crisp and flavorful. The "Notorious P.I.G. Flatbread" of Italian sausage, tomato sauce, shishito peppers, and cheddar is a tasty and spicy favorite, as is the heritage and swine one with bacon, a white sauce, crisp caramelized onions, machego cheese, and arugula. For a lighter flatbread, the thinly sliced apple and brie flatbread with chicken pieces is an alternative. Another favorite starter is the tuna poke with fresh avocado cilantro and soy. Although the starters have main line popular base items, the chefs throw in unexpected extras that go well. For instance, the tuna has wontons, the fried green tomatoes are served with pimento cheese, and the pork belly has a honeycomb.

The menu is divided next into a soup and salad course. A good and gooey halloumi cheese dish seems to belong as an appetizer instead of here. It is served in a mini skillet, hot and bubbling, with tomatoes cooked into almost a sauce, with oregano and some chimichurri.

Fresh greens growing hydroponically on the wall are selected and picked by the chef for the salads. The house kale Caesar consists mostly of chopped crisp kale with bits of cheese and squash with a light amount of garlic and anchovy vinaigrette. If you don't care for anchovies, do not fret, they comprise only a smidgen of the taste.

The "Staff Meal" is popular. Popular enough that regulars just ask for it without asking what it is. Essentially, it is the special of the day - we have had three. A pork based one, an amberjack meal, and a bolognaise pasta. The pork was the best with tender meat, and a myriad of spices that combined in a sweet-spicy delightful way. The amberjack, also good, was flaky and mild. The amberjack blended well with the "Cowboy Candy" (candied pickled mild jalapenos) and a basil mint and garlic aioli. The bolognaise, however, was rather bland. So, if you are adventuresome, go for it, but be forewarned it may vary as much as days vary.

As far as the regular entrée menu goes, the smoked chicken that is marinated in Brazilian cachaça rum for two days and accompanied with coconut rice and sweet cabernet and habanero syrup is a moist and tender succulent dish. Shrimp and grits is a popular dish and for good reason. This rendering, available as a gluten free entrée, with creole mushrooms and Gouda grits aside large shrimp is a fixture of the menu, and the rich and thick smoked gouda grits are so popular that they are offered on the side menu as well. We also tried two more standard entrees. The prime skirt steak with potatoes and veggies was juicy and could have been cut with a fork, unlike some skirts. The sliced fresh yellowfin tuna with kimchi black rice and baby bok choy was also good.

In addition to the Gouda grits, try the zucchini fries. Even those who don't like zucchini like the crisp fries made from them.

Next time, we'll try desert. As you can imagine, we were sated.

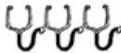
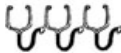

(continued)

Restaurant Review



Taste Bud

SUMMARY:

	CUISINE  1/2	AMBIENCE  1/2	SERVICE 
PLUSES + + +	<ul style="list-style-type: none"> • Good appetizers, especially the flatbreads • Fresh greens growing on the wall • Some standard main courses with less standard, interesting sides on the plate 	<ul style="list-style-type: none"> • Casual and friendly, a comfortable place locals can visit frequently • Good variety of seating options 	<ul style="list-style-type: none"> • A happy and attentive staff makes you feel at home
MINUSES - - -	<ul style="list-style-type: none"> • The "Staff Meal" may be great or "iffy" 	<ul style="list-style-type: none"> • Fridays and Saturdays are very noisy inside, as is the norm now 	

Boca-Kitchen-Bar-Market Brandon, 11206 Sullivan Street (Entrance on Bloomingdale), Riverview, FL 33578, 813.330.7997.

Restaurants are rated from one to five stethoscopes.



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IN MEMORIAM

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

Francois Latortue, father of HCMA member, **Dr. Rosemay Latortue**, passed away January 13, 2017. Mr. Latortue was 98 years old. In addition to Dr. Latortue, Mr. Latortue is survived by his wife, sister, other children, many grandchildren, and more family and friends.

Our heartfelt condolences go out to the family and friends of Dr. Rosemay Latortue.



We have a Miss Tampa in our HCMA Family!

For years, she's been known as the daughter of **Dr. Madelyn Butler**, a past president of the HCMA and FMA and founder of the Woman's Group.

Now, Olivia jokes, people may begin to refer to the good doctor as Miss Tampa's mother. Olivia earned the title and a healthy degree of admiration for her competitors on February 4th.

Olivia now moves on to the Miss Florida pageant in July, where she will compete for a chance to advance to the Miss America Pageant. Last year, after winning the Miss Pasco County title, she finished in the top 10 at the state pageant.

Google "Olivia Butler Miss Tampa 2017" to read the full article which appeared in the Tampa Bay Times.



"No-brainer" legislation is harder to pass than it looks.

The Tampa Bay Times published an editorial by HCMA member, **Dr. David Lubin** on February 27th.

"The Florida Legislature convenes next week for a two-month session. Hundreds, perhaps thousands, of bills will be addressed, with a small number making it to the governor's desk to sign. This year it seems the hot topics are medical marijuana, texting and, now, liability changes related to abortions performed by doctors, up to a limit of 10 years.

"Much debate goes on, pro and con, for most of the bills, with passage of those that show enough compromise by both parties for the welfare of Florida citizens. I learned about the process firsthand when I came up with a proposal that I thought would be a no-brainer to improve the health of all Floridians. The Hillsborough County Medical Association meets with our local politicians and their staffs at a luncheon before the legislative session. Two years ago, I brought something to the attention of the legislators and staff at the meeting, and Rep. Janet Cruz agreed that it was something that needed the attention of the Legislature.

"It was simple. To me, it was a no-brainer. But with the experience of having been in the House of Representatives, Dr. Ed Homan cautioned about counting my chickens."

Google "Lubin No Brainer Legislation" to read the full editorial.



Dr. Reddy Recognized as Gasparilla Trailblazer

In the January 23rd edition of the Tampa Bay Times, an article appeared regarding the Gasparilla Parade and how the parade stepped beyond racism. HCMA's Past President and namesake for the **Dr. Frederick A. Reddy** Memorial Award was mentioned in the article as one of the first two African-Americans in the group that stages the parade, Ye Mystic Krewe of Gasparilla.

Dr. Reddy, now deceased, was a champion for so many causes. For those of us who knew him, we truly feel blessed.

Google "Diverse Gasparilla parade has transcended insult of racism" to read the Tampa Bay Times article.

Seen on the Streets!

Well, on Bayshore Boulevard, anyway...HCMA's own personal photographer, Dr. David Lubin, also happens to be one of the Gasparilla Distance Classic official photographers. During his epic photographic challenge over race weekend, Dr. Lubin saw many HCMA members tearing up the pavement but was only able to catch HCMA Past President and Gasparilla half marathon runner, **Dr. Bruce Shephard**. Dr. Shephard came in first in his age group with an impressive time of 1:53:28. Dr. Lubin also caught HCMA Executive Assistant, **Elke Lubin**, crossing the 5K finish line.



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