MONROE
OWEN COUNTY
MEDICAL SOCIETY

FEATURES:

EXECUTIVE COMMITTEE:

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VOL. 13, ISSUE 3 • NOV 2013

From the President:
Fall Greetings!

It has certainly been an interesting and busy fall both locally and nationally, with the launch of the online insurance exchanges, government shutdown, and the ever-present change in our own local healthcare landscape. The Medical Society has continued to work to meet the challenges and needs of our own medical community and to represent us at the state and national level.

On September 22, I attended the ISMA House of Delegates (HOD) Session in Indianapolis, along with fellow MOCMS delegates Drs. Clark Brittain, Jim Faris, Carrie Davis, Karen Reid-Renner, and Todd Rowland. The session opened with the presentation of the Physician Community Service Award to Dr. Rajih Haddawi. I was proud and honored to be present with the rest of our delegation, as well as Dr. Haddawi's wife Darlene and son Michael, to see one of our local physicians recognized for such an important contribution to our community. MOCMS honored Dr. Haddawi earlier at our September 15th General Meeting, where we presented a donation of $1000.00 to VIM in his honor.

A number of important resolutions were adopted by the HOD during the business portion of the 9/22 session. These addressed a wide range of issues, including medical staff autonomy, improving the Affordable Care Act, keeping medical licensure independent of participation in insurance plans or public health care systems, injectable epinephrine in schools, and heading in soccer. A resolution from local physician Dr. Caitilin Kelly seeking equal status for observation and inpatient days in qualifying for nursing home coverage was adopted. Dr. Clark Brittain's resolution regarding medical marijuana was referred to the ISMA Board for study.

Locally, the Society is continuing to investigate ways it can help improve mental health care in our community. A forum with local mental healthcare professionals and stakeholders (Family Medicine, OB/GYN, Pediatrics and Internal Medicine) originally scheduled for October 17th is rescheduled for Thursday, October 31st. On October 8th, the Executive Committee heard a presentation by Dr. Sarah Tieman on Physician Orders for Scope of Treatment (POST), which should significantly improve the quality of care for patients near the end of life. MOCMS plans to be involved in helping with physician and community education about this important new tool. Both Bloomington and Ft. Wayne have been chosen as test sites for this educational process.

The membership numbers are healthier than ever, with 306 members ranking us among the largest county memberships in the state. We are planning to streamline our application process, and continue to explore ways to increase the engagement and involvement of our members. To that end, I would encourage you as always to visit our website at **www.mocms.org**.

Welcome Our **New Members:**

MOCMS would like to welcome the following new and returning members:

McKenzie Lupov, MD
IU Health Southern Indiana Physicians

Alexis Manchio, MD
IU Health Southern Indiana Physicians

Jill Campbell Troilo, MD
IU Health Southern Indiana Pediatrics

Eric Knabel, DO
IU Health Southern Indiana Physicians

Rebecca W. Beck, MD
IU Health Morgan County

Meredith Lulich, MD
IU Health Southern IN Phys. Gosport

David C. Esarey, MD
IU Health Southern Indiana Pediatrics

Lauren Hardisty, MD
IU Health Southern Indiana Physicians

Reed W. Hoyer, MD
Premier Ortho

Nicholas P. Miller, MD
SIRA

Jason W. Kennard, MD
IU Health Southern Indiana Physicians

Ryan J. Niehaus, DO
IU Health Southern Indiana Physicians

Sarah A. Tieman, MD
IU Health Southern Indiana Physicians

Raluca (Rachel) Vucescu, MD
IU Health Southern Indiana Pediatrics

Joanna Watkins, MD
ENT Associates - IU Health - SIP

In Memory:

The Monroe Owen County Medical Society would like to express its deepest sympathies over the loss of our dear friend and beloved colleague.

M. Neil Rogers, MD

Finally, I would like to say that this will be my last letter as president of the Society. It's been an honor to serve as president for the past 3 years, and I am happy to announce that Dr. Carrie Davis has agreed to step into the office as of January 2014. I know she will be an excellent leader for our organization. I would like to extend my gratitude to Leigh Richey and Kim Sharp for their dedication and excellent administration of our society, and to the other members of the MOCMS Executive Committee for their collegiality and friendship.

Best wishes to you all.

Sincerely,

Dan Lodge-Rigal, MD
President
Monroe Owen County Medical Society

Remembering Dr. Robert Walker

By John Walker, MD

Robert Walker was a poor boy from Tennessee who grew up in the 1930s and 40s and became a doctor in 1965. After three years as a missionary doctor in Africa, Dr. Walker returned to Indiana, eventually making his way to Bloomington where he became the first full-time emergency department physician.

Prior to his arrival in 1971, the 30 newest physicians in town rotated call through the emergency room. Dr. Walker quickly recruited another physician, Dr. Richard Lee. The two of them rotated twelve-hour shifts until they recruited two more physicians to complete the young group: Dr. William Nice and Dr. Michael Bishop.

Dr. Walker brought down-home country charm, common sense, and respect for others to the ER. He was conservative and not afraid to share his opinions.

Dr. Walker and his partners had a unique collection of assorted foreign objects removed from patients including fish hooks and lures, large splinters, a broken pool cue, and numerous nameless stories. He also made the best of bad situations. The ER is the home of tragedy, none more frustrating than those resulting from the reckless actions of others. Dr. Walker stood firm against drunk driving. He was instrumental in prompting the law making it illegal to drive with an open container of alcohol. He was one of the first to utilize video to record the behavior of drunk drivers upon their arrival in the ER and was often called to testify in drunk-driving cases, to the point that defense attorneys would settle for a plea agreement once they realized Dr. Walker was going to be called as a witness.

Dr. Walker was also instrumental as a witness in multiple other crimes that cross paths with the ER. In one, high-profile rape case, he asked the court reporter if he could demonstrate how the accused grabbed the victim to produce the bruises seen in the ER. His compelling demonstration convinced the jury the act was not consensual.

He not only protected victims, he jealously protected his staff. As traffic through the ER grew, so did the numbers of belligerent, agitated, or hostile patients. Dr. Walker encouraged Bloomington Hospital to initiate the use of full-time armed security.

In addition to caring for patients and his staff, he cared for aspiring students. As

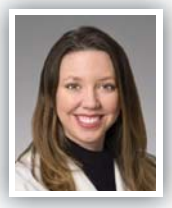
a physician myself, I have encountered numerous doctors over the years who ask, "Is your dad, Dr. Walker, from the ER in Bloomington?" When I say, "Yes," they always respond, "Man, he was a good teacher. I loved your dad." I had the privilege of working with him during my summers in college. I learned to suture just from watching him. I learned to read x-rays. I learned more from him than any of my attending physicians in medical school or residency.

In the ER, Dr. Walker dealt with mortality on a frequent basis. On May 4th, 2013, it was his turn. A few paragraphs are not nearly enough to express what he meant, how he lived, and what he accomplished despite his failings, but suffice it to say he lived a rich life and his life touched many. I am proud to have known him and proud to call him my father and my inspiration. I am one of three sons, all of whom went on to become physicians, hopefully close to the quality of Robert Walker, MD.

MOCMS and ISMA Honor Dr. Raj Haddawi

As many of you already know, Dr. Rajih Haddawi was and is one of the driving forces behind the creation and sustaining of Volunteers In Medicine of Monroe County. At the general membership meeting of MOCMS on September 15th, Dr. Haddawi was recognized for his tireless community service and his passion for VIM in serving the healthcare needs of the uninsured in our community. MOCMS made a $1000 contribution to VIM in his honor and Nancy Richman, Executive Director of VIM, gave the group an update on the accomplishments of and challenges facing VIM in the coming years. The Indiana State Medical Association selected Dr. Haddawi as the 2013 recipient of the **ISMA Community Service Award** and he was formally recognized at the ISMA Convention in Indianapolis on Sunday, September 22nd. Dr. Haddawi's full bio may be found on the MOCMS website at **www.mocms.org**. He was endorsed for this award by Dr. Dan Lodge-Rigal, MOCMS President, Terry Clapacs, VIM Board President and Mark Moore, CEO of IU Health Bloomington along with many other current and former VIM physicians, board members and volunteers. Dr. Haddawi is the first physician from Bloomington to receive this prestigious award from the ISMA, and our community is indeed a better place to live as a result of his passion for VIM.

Above: Dr. Rajih Haddawi being presented with the 2013 ISMA Community Service Award at the ISMA Convention in Indianapolis on Sunday, September 22nd.



An Update on Indoor Tanning: The Facts, the Law, and My Opinion

By Carrie L. Davis, M.D., Dermatology Center of Southern Indiana

Disclaimer: The following article is an update on current skin cancer facts, tanning risks, and recent legislative changes regarding indoor tanning. While based on facts, the opinion in this article will be largely biased against indoor tanning. I am a dermatologist…and a pale one at that. I urge my patients to wear sunscreen, to reapply it, and to avoid tanning beds. I think indoor tanning should be prohibited for minors under the age of 18. The following will explain why.

I diagnose and treat skin cancer multiple times a day. One thing that many of my older patients with skin cancer have in common is regret. They wish they knew better. They wish they had used sunscreen when they were younger instead of slathering themselves in Betadine and baby oil. I also take care of young patients with skin cancer. I have patients in their 20's and 30's with every kind of skin cancer, including melanoma. Most of these patients are women. Several of them were tanning bed users. They aren't anymore.

Skin cancer is the number one kind of cancer in the United States, with over 3.5 million cases diagnosed annually. One in five Americans will get skin cancer in his/her lifetime. One in 50 will get melanoma, and one person dies of melanoma every hour. Melanoma is the most common cancer in young adults aged 25-29 and the second most common cancer in those aged 15-29. The incidence of melanoma continues to rise while the incidence of most other common cancers falls. Melanoma incidence rates are increasing faster in young women than in young men in the same age group and there is an increased incidence of melanoma on the trunk of young women—an area of the body not exposed to UV on a normal daily basis. We think some of that can be explained by indoor tanning behaviors.

I know that tanning increases a person's risk for skin cancer—I see it all the time. Research backs up my observation as recent studies show that tanning bed use at any age increases the risk of all forms of skin cancer; that risk increases the more you use it and the younger you start. People who first use a tanning bed before age 35 increase their risk for melanoma by up to 75% and that risk increases with each use. Someone who has used tanning beds for more than 50 hours is 2.5-3 times more likely to develop melanoma than someone who has never tanned indoors. Tanning bed use is certainly not the only risk factor associated with skin cancer development, but it is the most modifiable risk factor.

The World Health Organization (WHO) classifies tanning beds as Group 1 carcinogens (known to cause cancer in humans). This past May, the FDA proposed stricter regulation on indoor tanning devices including a requirement that they have warning labels about the health risks associated with their use including a strong recommendation that minors under the age of 18 should not use them and strong encouragement for users to be screened regularly for skin cancer. The FDA also proposed raising the classification for sunlamps and tanning beds to a Class II medical device (moderate-risk). The proposed changes are an effort to raise awareness of the dangers of tanning. As part of the ACA (Affordable Care Act), a 10% excise tax on tanning bed use was temporarily enacted and the rule was made final by the Department of Treasury in June of this year. In July 2013, the Congressional Skin Cancer Caucus was formed and will focus on the growing epidemic of skin cancer in the United States. The American Academy of Dermatology (AAD), the American Academy of Pediatrics, the American Cancer Society, the World Health Organization, and numerous other organizations have position statements or support bans on indoor tanning by minors.

According to the AAD, nearly 28 million Americans (including 2.3 million teenagers) use tanning beds every year. The use of indoor tanning beds increases with each year of adolescence. In the May 2011 *Am J of Public Health*, indoor tanning rates among 14-, 15-, 16-, and 17-year-old girls were 8.5%, 13.6%, 20.9%, and 26.8%, respectively. Current Indiana law puts the decision-making in the hands of their parents. You would think that would be sufficient. However, minors who use tanning beds are four times more likely to have a parent who uses a tanning bed than those who don't use them. Moreover, tanning is addictive; studies have shown that 41% of frequent indoor tanners met criteria consistent with a tanning addictive disorder. It is conceivable that tanning bed patrons are unaware of the risks of their behavior or are misinformed by tanning salon employees. According to a survey conducted in 2011 by the AAD, 43% of indoor tanners reported that they have never been informed by a salon employee about the dangers of tanning bed use. Younger tanning bed users (minors) were more likely to be unaware

of any warning labels on tanning beds than older tanners (aged 18-22). Younger tanners are also more likely to think that tanning beds are safer than the sun than older tanners. An investigative report by the U.S. House of Representative Committee on Energy and Commerce (Feb 2012) found that 90% of salons stated that indoor tanning did not pose a health risk and 78% of tanning salons claimed that indoor tanning would be beneficial to the health of a fair-skinned teenage girl. Additionally, many tanning salons failed to follow FDA recommendations on tanning frequency and specifically targeted teenagers in advertisements. The truth is no amount of UV exposure from tanning beds is safe. A safer alternative for achieving the "sun-kissed glow" is a self-tanning product that does not expose skin to dangerous UV radiation.

Throughout U.S. history, state and federal governments have used legislation to educate and protect the public and our youth from certain health hazards. The State of Indiana currently has parental consent laws for indoor tanning. In Indiana, current law states that a minor under age 16 must be accompanied by a parent to use a tanning bed and minors under age 18 must have parental consent signed once in the presence of an operator. The Indiana State Medical Association (ISMA) and the Indiana Academy of Dermatology (IAD), along with other organizations, are pushing for stricter laws on tanning bed use in our state. In 2007, the ISMA passed a resolution supporting legislation that would prohibit minors under the age of 18 from using indoor tanning beds. In fall 2012, the IAD and the ISMA approached Senator Patricia Miller (R-Indianapolis) on the topic and she subsequently introduced Senate bill SB 269 which would prohibit tanning bed use by minors under age 18 in Indiana. The bill was tabled for 2013 and sent to summer study. Another dermatologist, melanoma survivor, and I presented testimony at the hearing before the Health Finance Commission at the Statehouse this August. We are awaiting final feedback from the committee later this month.

Indiana is not alone in its concern about the risks of indoor tanning. Several cities, counties, and states have passed legislation recently that bans indoor tanning by minors. California, Vermont, Oregon, Nevada, Texas, Illinois, and Howard County Maryland now have laws prohibiting minors under age 18 from using tanning beds. New York, New Jersey, and Connecticut have recently passed laws prohibiting tanning bed use by minors under age 17. Several other states have bills pending that are seeking an under 18 ban or other restrictions on tanning bed use.

As physicians, we not only treat disease, but we stand at the forefront of helping prevent disease. We educate our patients to eat healthy, exercise, lose weight, stop smoking, and be compliant with treatments. I urge you also to educate your patients on proper sun protection like wearing sunscreen with an SPF of 30 or greater and reapplying it at least every 2 hours. I ask that you warn your patients about the dangers of tanning and encourage them to stop using tanning beds. I ask that you review these facts and consider supporting efforts to prohibit indoor tanning by minors.

The truth is, I diagnose and treat skin cancer multiple times every day. I hope that through education and legislative action more people will protect themselves from the dangers of UV radiation (from the sun or tanning beds) and the incidence of skin cancer will finally fall.

Article references available upon request: **cldavis@dcsionline.com**

Controlled Substance Prescribing Rules Take Effect December 15, 2013

The Medical Licensing Board of Indiana (MLB) is in the process of adopting emergency rules establishing standards and protocols for the long-term prescribing of controlled substances. While there are exemptions granted to those patients that are terminally ill, in palliative or hospice care, or who are residents of long term care facilities, the rules do apply to patients prescribed more than 60 opioid-containing pills per month or a morphine equivalent dose of more than 15 mg per day for more than 3 consecutive months. If the patient is not exempt and meets these dosing thresholds, the new rules specify steps that both the physician and patient must take if a patient is to receive opioids for chronic pain management.

To see the full list of steps and view the entire rule, go to **www.mocms.org or www.in.gov/pal/2832.htm.**

Physician Orders for Scope of Treatment – POST

On July 1, 2013, a new law was passed that might influence you and your patients during end-of-life planning and treatment.

Would you be surprised if this patient died within the next 12 months?

If the answer is "NO" and your patient has a terminal or advanced chronic progressive condition, now is the time to talk about **Indiana Physician Orders for Scope of Treatment (POST)** forms.

Unlike currently used advanced directives, new state legislation for **Indiana POST** allows:

- Patients with serious chronic illness to clarify exact wishes about specific medical treatments based on current health status as well as to designate a health care representative
- Physicians to convert treatment preferences into immediately actionable medical orders regarding code status, level of medical intervention, antibiotics and nutrition
- Healthcare systems to have a single document that applies across all healthcare settings (home, hospital, long-term care facility, emergency department, etc.)

POST forms are available at **http://www.in.gov/isdh/25880.htm** , scroll down to "**Forms**". Educational programs and physician tool kits coming soon.

Drs. Sarah Tieman and Rob Stone are working with MOCMS to educate both physicians and patients about this new law. The following information, authored by Dr. Tieman, answers many questions about the new law and detailed forms. This presentation may be found on our website at **www.mocms.org.**

For the seriously ill:

- Clarifies a patient's exact wishes about certain medical treatments based on current health status
- Converts treatment preferences into immediately actionable medical orders
- Goes with the patient across healthcare settings (home, hospital, long term care facility, etc)
- Recognizable, standardized form
- Requires a physician's signature

Who can have a POST?

- Must have one (or more) of the following conditions:
  - Unlikely to benefit from CPR
  - A terminal condition
  - An advanced chronic progressive illness
  - An advanced chronic progressive frailty (Note: Frailty is a medical diagnosis)
- Answer is "No" to the surprise question: *Would you be surprised if the patient died within the next 12 months?*

What does POST cover?

- Code status
- Level of medical intervention
  - Comfort measures (allow natural death) - transfer only if comfort needs cannot be met at current location
  - Limited additional interventions: hydration, monitoring, non-invasive ventilation, transfer
  - Full intervention: ICU care, invasive ventilation
- Use of antibiotics
- Use of medically administered nutrition
- Designation of health care representative

How does POST work in the hospital setting?

- POST is valid in ALL settings including the emergency department
- Admission orders should be consistent with POST orders
- POST orders should be used to guide treatment decisions including level of aggressiveness of intervention in hospital
- Individual hospitals should develop policies and procedures for implementing and tracking POST

Who can fill out a POST form with a patient?

- Physician or his/her designee (TBD by physician)
- Requires physician signature to execute the order
- Physician must provide license number, address, and phone number
- Form must be signed by the patient or his/her legally authorized representative

What if the patient lacks decisional capacity?

- A POST form can be filled out based on a conversation with:
  - An appointed health care representative;
  - An individual's attorney in fact with authority to consent to or refuse health care for the individual;
  - A legally appointed guardian (includes parents of minor)
- Decisions must be based on prior known wishes or best interest of patient

Legal Fine Print

- Provides legal protection for health care providers who comply with the orders on IN POST forms
- In the law, health care providers are not subject to civil or criminal liability for good faith compliance with or reliance upon IN POST Forms
- May be revoked at anytime by request of the patient or legal representative (in writing, in oral expression or by physical destruction of the form)

POST vs. Living Wills

	POST Paradigm	Living Wills
Population:	Advanced progressive illness	All adults
Timeframe:	Current care/ current condition	Future care/ future conditions
Where completed:	In medical setting	In any setting
Resulting product:	Medical orders	Advance directive
Surrogate role:	Can consent if patient lacks capacity	Cannot do
Portability:	Provider responsibility	Patient/family responsibility
Periodic review:	Provider responsibility	Patient/family responsibility

Indiana University Health

The Monroe Owen County Medical Society Newsletter is designed and printed courtesy of Indiana University Health Bloomington. The Society extends our thanks to IU Health Bloomington for their support and assistance.

PLEASE KEEP US UPDATED

In our increased effort to "go green", MOCMS is hoping to communicate with you through email. If you would like to help MOCMS use less paper, please be sure we have your updated email address by sending an email to **mocms@kiva.net** and check that your spam blocker will allow communications from MOCMS.

Please check your office information listing on our website at www.mocms.org under "Find a Physician" and send corrections to mocms@kiva.net.

MOVED LATELY?

Please forward your new address for your home or your practice to us immediately. You may call MOCMS at 812.332.4033; write to us at PO Box 5092, Bloomington, IN 47407-5092 or email: mocms@kiva.net Please help us keep your information current/ correct in the MOCMS database, website and physician directory!

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The Monroe Owen County Medical Society (MOCMS) Newsletter is published each spring, summer and fall by approval of the Executive Committee. The MOCMS Newsletter accepts submissions of articles, announcements, obituaries, and editorials related to the interests of our members. Materials submitted for consideration should be typed as a Word document. The MOCMS reserves the right to edit all articles submitted. MOCMS retains final editorial judgment regarding newsletter content. It reserves the right to reject articles, announcements, letters, advertisements, and other items that do not correspond with the goals and purposes of the organization.

Approved by the Executive Committee on June 5, 2007.

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