

## 60th Anniversary Special

### Memories from 50 years of Anesthesiology in Atlanta

John E. Steinhaus, M.D., Ph.D.

**Editor's Note:** To further recognize GSA's 60<sup>th</sup> Anniversary, we include the following personal reflection on growth in Anesthesia training in Atlanta. A giant in the specialty, Dr. Steinhaus is Professor Emeritus and Past Chairman, Department of Anesthesiology, Emory University School of Medicine. He served as ASA President in 1970 and GSA President 1961-62.

Fifty years ago I moved from Madison, Wisconsin to Atlanta to start the anesthesia residency program at Emory University School of Medicine. An earlier residency program started after World War II but was unsuccessful and had closed. A major turmoil in the medical school had led to the removal of the Chairmen of Surgery, Internal Medicine, Obstetrics and Gynecology, and Preventive Medicine, along with a number of their professional associates. This event received much unfavorable national attention. Although it was not directly a part of this crisis, a special survey of the anesthesia service at Grady Memorial Hospital conducted by Dr. Robert Hingson was released to the press. On July 17, 1957, a report appeared: "20 to 40 Anesthesia Deaths," on the front page of the Atlanta Constitution. This event was local in nature and did not circulate much beyond Atlanta.

Due to my relationships with several close friends at Emory, particularly in the Pharmacology Department, I made an initial visit to Emory in June of 1957. I was impressed with the new Grady Hospital, but the overall anesthesia care program was very limited. I received a letter from Dean Richardson late in July that Dr. Galvin had been appointed as Director of Anesthesia at Grady without any mention of the "newspaper crisis."

With limited interest in this program, I dismissed further consideration and returned to my other duties. A few months later, Dr. Pfeiffer, a pharmacologist and Director of Basic Sciences in the Medical School, called and urged me to make another visit. Dr. Galvin had accepted the additional responsibilities at Grady on a temporary basis. There were

only two anesthesiologists on the Emory faculty, so it was easy to understand their urgency. I hesitated, delayed as much as I could, but finally agreed to another visit in November. The second visit was entirely different and could be described as a "full court press." There was a complete discussion of all matters related to anesthesia, including Dr. Hingson's report. Since I was scheduled for my final board examination in 1959, I suggested waiting a year to make a decision, but Emory was eager to correct their deficiencies. I also realized that the new Grady Hospital was to be opened in January 1958, and despite its size, space would be claimed by those present.

A third visit with my wife, a few months later, concluded our negotiations, and we agreed to move to Atlanta and Emory the following July. Other attractions of the new job were

our very close friends from our internships in Cincinnati, Dr. and Mrs. Luten Teate. The potential for collaborative research with my friends in pharmacology, Dr. C. Pfeiffer and Dr. J. Bain, who were the past and present Chairmen of Pharmacology, was also attractive. I was both inexperienced and naïve regarding the problem of anesthesia staffing in a multi-hospital center in a metropolitan city located in the segregated south. The number of anesthesiologists in Atlanta in 1958 was around 15. Dr. Galvin was

highly regarded for his clinical skills at Emory; but during his vacation or sick leave, the number of anesthesiologists in the Emory system dropped to 0 or 1. Dr. Galvin had short-term help at intervals, but Grady, the Henrietta Egleston Hospital, and Crawford Long had no regularly scheduled anesthesiologists.

Dr. Frederick Carpenter, an anesthesiologist trained at Emory, was appointed to the Grady Memorial Hospital staff in April of 1958. Dr. Galvin moved back to Emory full time, and my original assignment to Emory was changed to Grady because of the obvious staffing need. Grady's former schedule



Figure 1. Anesthesia deaths at Grady 1955-56

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**Editor's Corner**

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History should remember 2008 as quite a remarkable year. Stellar Olympic performances now fill the record books. A well-coordinated and executed defense against the power of Mother Nature demonstrated, once again, the resilience and strength of the American people. And, yet to fully unfold, the compelling race for the next President will certainly carve out a new chapter in the history of the United States.

2008 is turning out to be quite a historical year for Anesthesiology as well. As the GSA marks its 60<sup>th</sup> anniversary, organized medicine, the ASA, and all anesthesiologists celebrate a huge legislative victory! With an overwhelming Congressional vote overriding a presidential veto, H.R. 6331 reverses Medicare cuts, increases payments slightly, and the "Medicare Teaching Anesthesiology Funding Restoration Act" restores full payment to academic anesthesiology programs beginning in 2010. Additionally in 2008, Oklahoma became the twelfth jurisdiction to license Anesthesiologist Assistants (11 states plus Washington, DC). The success and geographical expansion of AAs speaks highly of their training, skills, and value to an anesthesia practice, a vision appreciated four decades ago by Drs. Gravenstein, Steinhaus, and Volpito.

As any successful athlete, politician, or anesthesiologist knows, the road to victory is a difficult and winding path. In this edition of the *GSA Newsletter*, Dr. Steinhaus, past President of the ASA and GSA, relates his impression of how important and instrumental the ASA was in supporting early residency programs fifty years ago. Through difficult terrain and along a road taking years to traverse, once again the ASA has proved to be instrumental in the support of academic programs and anesthesia practice across the country. Extremely well-organized by the ASA's legislative team, funded by those who realized the importance of being heard, and sponsored by those who supported our mission...the voice of the ASA and anesthesiologists across the country was heard by Congress.

Many thanks to those GSA members and headquarters staff whose efforts contributed to our Washington legislative victories and for their continued support of the GSA's mission.

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# Update

**your e-mail address**

E-mail GSA Member Services Manager Cynthia Thomas at [cynthia.thomas@politics.org](mailto:cynthia.thomas@politics.org) with your preferred e-mail address. Include other personal contact information as appropriate to help GSA complete its database rebuild.

# President's Report

By Howard Odom, M.D.  
President

## GSA At Work



The GSA Summer Meeting in Hilton Head marked another banner event for our 60th anniversary year. Dr. Ellen Boney put together a truly outstanding lineup of speakers. I am sure all who attended will agree that one of the clear benefits of coming to GSA Meetings is to hear the excellent practice management presentations of the type given by Drs. Dexter and Abouleish.

In addition to the educational program, the two semiannual GSA meetings have another fundamentally important purpose. The meetings are the primary opportunities for Society leadership to provide information to the full membership and consider the business of the Society. GSA is critically dependent on this aspect of the meetings to best understand and serve the needs of all our members.

With that said, I appreciate the excellent participation in the Business Meeting on Sunday morning. Due to the support and thoughtful input of the members present, we were able to consider a sizeable agenda and take action on some key matters including society governance (Bylaws revisions). Drs. Bruce Hines, Rick Hawkins and I continue to progressively build a priority-driven and responsive continuum of leadership. Please feel welcome to communicate with any of us directly or through the GSA office as you have concerns or suggestions.

It was a great pleasure to present the Crawford W. Long Award to Dr. Yung-Fong Sung for her unflagging personal service & leadership toward a fiscally solid Society. Dr. Peggy Duke, Chair of the CWL Award Committee, began the Saturday evening reception in honor of Dr. Sung with a few remarks about the significance of the award. We were all delighted to hear Dr. Sung's reflections followed by a series of stories and anecdotes from various members as to her influence and lasting imprint on the Society.

Let me give you a few of my choice highlights from the meeting. Though some occurred behind the scenes or without a lot of fanfare, they all demonstrate that GSA is *At Work* for all of us.

- ASA President-Elect Dr. Roger Moore attended the Board of Directors meeting providing us the very valuable dual opportunity for contact with our national leadership and for him to gain personal knowledge of our Society.
- An information table for the GSA-PAC was present in the exhibit area for the first time. Several members contributed online to the GSA-PAC at the registration table during the breaks. Dr. Katie Meredith is leading this newly invigorated effort that carries important opportunities for influence during the state election cycle this fall.
- A draft of new Administrative Procedures documenting the mechanical workings of the Society was presented to the

Board. A review, comment and revision timeline was set for tentative adoption at the upcoming Winter Meeting. The Bylaws Committee led by Dr. Rick Hawkins will oversee the process.

- The Board of Directors received reports from the various committees of the Society outlining the activities and products of each committee. These reports will be routinely available under the Members Only section of the website beginning in the near future. We are making progress opening pathways to distribute information and improving communication between GSA leaders and members.

- A little less than 20% of the attendees were residents. The Resident Section elected new officers and planned an emphasis on early engagement of residents in the Society and in advocacy efforts including pushing for 100% participation in the GSA-PAC. Encouraging growth and strengthening the GSA Resident Section is a priority for GSA leadership. I will be visiting both residency programs during September to show GSA's solid support for residency training and their academic departments.



Hilton Head Island, S.C., – Yung-Fong Sung, M.D. (center) holds the prestigious Crawford W. Long Award presented during the 2008 Summer Meeting at Sea Pines Resort. The CWL Award is the highest honor which can be bestowed on a member and recognizes outstanding service to the Society. Presenters included Dr. Peggy Duke, Chair, CWL Award Committee, and Dr. Howard Odom, GSA President.



# Committee Reports

## Program and Education Committee Report

Carolyn Bannister, M.D.  
Chair



The GSA Program and Education Committee is currently seeking activity directors for the 2010 GSA educational meetings. The directors for the 2009 conferences, Dr. Cinnamon Sullivan (Winter) and Dr. Mary Arthur (Summer), are busy planning those events. Please notify the committee of any interested members who you think would plan an appealing educational meeting.

Dr. Ellen Boney coordinated the summer 2008 meeting at Sea Pines Resort in July. See the summary article for details on the agenda and speakers. The meeting was very informative on a personal level for physicians and educational professionally for enhancing our efficiency and productivity.

The upcoming winter 2009 meeting is January 31 at Legacy Lodge at Lake Lanier Islands. Watch for registration materials in your mail and email; take a look at the ad for this meeting contained in this *Newsletter*. This is a one-day meeting generally leading to 7-8 CME units. The GSA general business meeting will be held during lunch.

The summer 2009 meeting will be held at the King and Prince Resort on St. Simon's Island. Dr. Mary Arthur is planning

the agenda topics on the theme of *anesthesiology outside the operating room*. See the ad for this meeting in this *Newsletter*.

For continuing accreditation of our education programs through MAG we now must document that our agenda are planned based on the expressed educational needs of the membership. While this has long been our practice and the reason we collect and read all course evaluations, it is now more important than ever that we be able to show documentation of this process. We will be aggressively seeking your ideas and suggestions for future educational topics and speakers at each meeting.

We are fortunate to have the assistance of the staff at Cornerstone Communications. Their labor in securing desirable meeting locations, negotiating contracts for meeting facilities, inviting speakers, advertising the meetings, registering attendees and awarding CME credits under the auspices of MAG are invaluable.

We welcome ideas for improvement of format, dates, location, content, agenda, and potential speakers for the educational programs. This is your society; one of the important missions is educational opportunities for life-long learning. Please let us know what you wish to have presented in the educational meetings.

We hope to see you at the Lake in January!

## Memories...

(Continued from page 1)

of four operating rooms was relocated to the new seventeen ORs. Emory also scheduled four operating rooms plus other procedures, and there was great pressure to expand surgical schedules in both hospitals. The pressure from the Emory Clinic to add surgical specialties as rapidly as possible was constant and persistent. The new 1000 patient beds at Grady allowed for significantly more surgical candidates. Grady was also recovering from its faculty crisis earlier discussed. The South's population continued to grow rapidly, particularly the large cities.

The new Grady Memorial Hospital was well built and provided much desirable space. However, the only designated space for Anesthesiology was a glassed-in scheduling room and a specialized anesthesia gas storage room with outside ventilation. Since only 6 of the 17 ORs were regularly used, some vacant ORs were taken over as anesthesia storage, cleaning areas, and offices. The anesthesia equipment was new and in adequate supply for this period, but nothing advanced in character. Serious problems facing a new program in

anesthesia training related to the provision of enough anesthesia personnel as well as the improvement of the anesthesia practice to meet modern standards. Cardiac arrests and other serious anesthetic complications were not uncommon in this hospital. The nation-wide shortage of anesthesia personnel, including anesthesiologists, residents, and CRNAs was not well recognized, but made it very easy for anesthetists to move and leave behind significant personnel vacancies. Grady budgeted for a staff of 7 CRNAs. However, the coverage for a 4 OR daily schedule, with full time emergency coverage of 10 daily shifts per week plus 6 shifts per weekend, required a staff of 10 to 11 CRNAs - if everything runs smoothly and the replacements for resigning personnel are all readily at hand. Since the regular budget for CRNAs was 7, some schedules needed to be filled with overtime on a regular basis. In addition, educational and research programs required space on the calendar if an adequate academic anesthesia program was to be provided. The saving grace for anesthesia personnel is, of course, residents in training,

*Continued on page 7*

# Payment Update

## CMOs not same on OB codes

Dr. Raphael Gershon M.D., MBA  
Alternate Representative

Prompted by my fellow Anesthesiologists and their diligent practice managers, over the last 4-5 months I have attempted to drill down into the abyss of Obstetric Anesthesia coding, billing and payments. Starting in the good offices of the Department of Community Health and its Director, Dr. Carladenise Edwards, I progressed to Dr. Dev Nair of the Division of Managed Care and Quality, and with the help of Ms. Lovey Barnes, was able to progress to discussions with the three CMOs who contracted to handle the State's Medicaid administration.

Let me preface this review by paraphrasing the consistent refrain as related to me by Wellcare, Peachstate and Amerigroup over the last several years: **We are under no contractual obligation to adhere to prior DCH billing and reimbursement schedules.**

### Wellcare

Dr. Laura King actually came down to my office at Grady with several of her non-physician office administrators and staff. I both thanked her and commended her. Dr. King is an Ophthalmologist, and while she now works for Wellcare, has a good sense of our hard work, abysmal reimbursement rates and the amount of free care performed across the state.

- Reimbursements for 01967 agreed flat fee of \$248.50 (epidural, vaginal delivery)
- Reimbursements for 01968 agreed flat fee of \$400 (C section after labor attempt)
- Reimbursement for 01961, planned C section Base + Time, using Medicaid algorithm to determine payment.

*Remember: In order to be reimbursed for 01968, a bill for 01967 needs to be submitted on the same claim form or payment will be denied. Also very important, the same provider needs to be listed on the 01967 and 01968 claims. Wellcare, as traditional Medicaid, will pay either CPT 01967 or 01968, but not both,*

*so do not put them on the same claim form or you'll receive a payment denial, even though 01968 is an add-on code, and CPT dictates that you report these two codes together. Get it?*

A key point brought up to Wellcare was my feeling that the base plus time for 01961 grossly shortchanges payments for anesthesia services. There certainly is no logic for a flat procedure fee for the performance of a regional anesthetic for both vaginal delivery and one that eventuates into a Caesarean Section, yet an elective Caesarean gets base plus time for the very same regional anesthetic. While Wellcare seemed to definitely understand the point made, and also understand the fact that DCH historically paid 01961 as 01968, I have a sense that if it means additional payments on their part, I refer you to the refrain as noted above...

### Peachstate

Pretty much same as Wellcare and traditional Medicare. The exception is that PeachState and traditional Medicare do not want both 01967 and 01968 on the same claim form. You should bill 01967 for vaginal delivery and 01968 for c-section following laboring epidural.

### Amerigroup

Problematic, to say the least. All three CPT codes are assessed on a base plus time at the individual group's contract rate. I do not believe they are capping the charges, but before everyone gets too excited about that, just think about the low base plus time rates, and calculate how long that labor epidural needs to run to even approach the flat procedure rate as listed above.

### Conclusion

Well, I'm not sure if I've accomplished anything, but my sense is that one never knows how and when the various contacts, meetings and discussions may pay dividends in the future.

## President's Report (Continued from page 3)

Now that I've recounted the list of accomplishments and highlights of the meeting, I must also say that all of them were achieved and enjoyed by only a very small fraction of GSA members. You are part of a dynamic organization and need to experience the GSA flavor of organized medicine for yourself. I would like to think that the majority of our members were prevented from attending because of being on call during the two-day meeting. But this is not very likely since there are roughly 900 GSA members and less than 80 registrants.

The GSA *is* At Work. For you. For me. We have a plan and are moving forward. The task set before GSA is to accurately and assertively represent the interests of all its members. Let me challenge you to begin planning now to attend the upcoming Winter Meeting on January 31, 2009 at the freshly renovated Legacy Lodge and Conference Center, Lake Lanier Islands, GA. You can count on an excellent educational program, sharing enjoyable social occasions and the chance to participate firsthand in the GSA At Work. See you there!

# GSA

## Winter Forum 2009

One-Day Meeting

January 31, 2009



### Activity Director

Cinnamon L. Sullivan, M.D.  
clsulli@emory.edu  
Emory University Healthcare  
Atlanta, GA



### Legacy Lodge and Conference Center

Lake Lanier Islands, GA

[www.lakelanierislands.com](http://www.lakelanierislands.com)



## From OR to ICU: Critical Issues in Anesthesiology

### Objective:

To present solutions to treat medical conditions which crossover from the OR to the ICU.

Anesthesiologists are, in effect, intensivists in the operating room. As healthcare changes there will be more emphasis on critically ill patients. There is little argument that our population is getting older and therefore sicker. We are performing anesthesia on more patients with multiple end organ disease and, due to advances in medicine, they are surviving. Whether you are a board certified critical care physician or not you will take care of the critically ill.

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- 2) **Understanding the advances in bloodless surgery.**
- 3) **Looking at the newest evidence based guidelines of cardiac resuscitation.**
- 4) **Learning about peri-operative management of patients with end stage liver disease, and**
- 5) **Surgical blood management.**

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**[www.gsahq.org](http://www.gsahq.org)**

### Faculty:

1. **Aryeh Shander, M.D.**  
Chief of the Department of Anesthesiology,  
Critical Care Medicine, Pain Management and  
Hyperbaric Medicine  
Englewood Hospital and Medical Center  
Englewood, NJ

Clinical Professor of Anesthesiology & Medicine  
Mt. Sinai School of Medicine  
New York City, NY

Executive Medical Director  
New Jersey Institute for the Advancement of  
Bloodless Medicine and Surgery Program  
Englewood Hospital

He was also one of Time Magazine's "Heroes in  
Medicine" and is on the board of the American  
Society of Critical Care Anesthesiologists.

2. **Max Harry Weil, M.D., Ph.D.**  
Professor of Medicine,  
Adjunct Professor and President  
Institute of Critical Care Medicine  
Palm Springs, California

He was the first president of the Society of  
Critical Care Medicine and founded the Weil  
Institute of Critical Care Medicine.

3. **Parasiva Satish, M.D.**  
Assistant Professor of Anesthesiology  
The Emory Clinic  
Atlanta, GA

He has practiced anesthesiology worldwide  
focusing in the past on critical care medicine and,  
in more recent years, solid organ transplant.

## Memories...

(Continued from page 4)

if they could be obtained. A significant increase in anesthesia residents occurred immediately after World War II with returning military medical personnel. Medical practice and research grew rapidly in the US, and by the late 1950s there was a significant demand for more residents in all specialties. Unfortunately, anesthesia residents decreased during this time, reaching a low point in 1962, with less than 150 interns nationwide that were planning to pursue anesthesia training, according to ASA President-Elect Albert Betcher.

Our initial record for new anesthesia residents at Emory was, 1958---1, 1959---3, 1960---0, 1961---1, 1962---2, 1963---3. Yet, in this six year period two of these residents stayed only 1 year and all had over 50% of their 2<sup>nd</sup> year at institutions other than Grady Hospital. In addition, in 1959 we took over anesthesia care at the new Egleston Childrens Hospital. We also found that the new Emory faculty stayed only a year or two. Even from a casual assessment of my problem list during these early years, it was obvious that I needed help. Although other Emory clinical faculty Chairmen were sympathetic, they too were striving for the best possible young interns for their own programs. Over those years, I found no new residents, except for possibly one, that were referred from other clinical specialties. Ultimately, the help for my problem came from a source that most of you would guess, "practicing anesthesiologists."

As a resident and junior faculty, I had felt that the ASA was more devoted to better fees rather than better medicine. However, as a newcomer I joined the Greater Atlanta Society of Anesthesiologists, the Georgia Society of Anesthesiologists, and the Southern Society of Anesthesiology. At this time, the graduating Emory Medical School class numbered 70. The large clinical load from 3 to 5 hospitals required that many new residents in all specialties be attracted from other medical centers. In the first 5 years of our new anesthesiology program, the residents numbered successively 1, 4, 3, 1, and 2 US medical graduates, as mentioned previously. Having been elected as Delegate from Georgia to the ASA in 1962, I supported then President-Elect Albert Betcher's concern for the low number of interns entering training in anesthesiology residencies. Although there was no great enthusiasm from sizable sections of the ASA, Dr. Betcher was able to launch the Anesthesia Survey of residents. Two junior members of the committee were Thomas Burnap and myself, who were appointed to the Training and Recruiting Subcommittee of the Survey Committee, myself as Chairman. Our experience and success with the anesthesia student preceptorship and academic teaching program convinced me, beyond all doubts, of both the value, validity and the

*Continued on page 11*



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# In Memoriam

## *Nathan Wayne Lewis, M.D.*



With shock and the deepest of sadness the GSA family acknowledges the death of Dr. Nathan Lewis. A former MCG resident and Emory Fellow, Dr. Lewis had recently returned to practice in Savannah, Georgia.

“The family of anesthesiology in Georgia is smaller than many others in medicine,” GSA President Howard Odom, M.D. said. “We are very fortunate to know most of our colleagues across the state and to work together on professional issues. Nathan began his participation in GSA while a resident at MCG. It was evident even then that he already possessed many qualities that would distinguish both his care for patients and service to our specialty through the Society.”

### **Obituary in the Birmingham News:**

BIRMINGHAM, Ala. — Dr. Nathan Wayne Lewis, 33, of Savannah, Ga., died Sept. 14, 2008. He was an anesthesiologist with Anesthesia Associates of Savannah. Dr. Lewis was a graduate of Vestavia Hills High School in 1993 and Birmingham-Southern College in 1997.

He earned his M.D. degree from St. Eustatius School of Medicine, residency at the Medical College of Georgia and a fellowship at Emory University in Atlanta. During his training,

he received numerous awards and recognitions. He was a member of Anesthesia Services of Birmingham until two months ago when he joined Anesthesia Associates of Savannah.

He was a devoted husband, father, son, brother and grandson, as well as an avid hunter and fan of the University of Alabama. He was a son of Dr. Wayne and Denise Lewis, who survive. Funeral is at 10 a.m. Thursday at Temple Emanuel in Birmingham, with burial in Pine Grove Cemetery in Coosa County.

Expressions of sympathy may take the form of contributions in Nathan’s memory to the Big Oak Ranch, P.O. Box 507 Springville, AL 35146; to the Temple Emanuel-Nathan Wayne Lewis Memorial Fund, 2100 Highland Ave., Birmingham, AL 35205; or to your favorite charity.

Other survivors include his wife, Kim; two daughters, Mackenzie and Allyson; a son, Connor; two sisters, Carolyn “Beth” and Sara; his father-in-law, Dr. Glenn Malchow of Bowling Green, Ky.; his mother-in-law, Shirley Malchow of Savannah; his brother-in-law, Craig Malchow; grandparents, Margaret and Doug Kelley; aunts and uncles, Dr. Michael Blum and his wife, Suzanne, Harriet Bagby and her husband, Mike, Butch Blum and his wife, Joanne, and Nancy Holland; and several cousins. Nathan had many other family and friends who loved him dearly and will miss him very much.

## *Henry M. Escue, Jr., M.D.*

It is with deep sadness the Georgia Society of Anesthesiologists notifies members of the passing of Dr. Henry Escue, Jr., an active Society member who frequently attended bi-annual educational conferences. “His personal support of and participation in the organization will be missed,” GSA President Howard Odom, M.D. said. “Our heartfelt condolences go to the family and close friends.”

### **Obituary in Atlanta Journal-Constitution:**

ESCUE, Henry, Jr. Dr. Henry Merritt Escue, Jr., age 69, noted Physician and highly decorated Vietnam Veteran of Atlanta, died Thursday, July 10, 2008. He was an Anesthesiologist starting his career in the Army ultimately overseeing a MASH Unit. After being discharged he continued

his career with Highpoint Memorial in North Carolina, then at Metropolitan Hospital in Atlanta and The Center for Plastic Surgery in Atlanta. He is survived by his wife - Gail Austin Escue; Daughter - Kathryn Nicole Escue of London; Step-Son - Steve McClure of Mableton; Step-Daughter - Kimberly Hill of Powder Springs; 3 Grandchildren. Funeral Services will be held Monday July 14, 10:30am at Davis-Struempf Funeral Home Chapel. Interment will be held at 1:30pm Monday at the Georgia National Cemetery with military honors. The family will receive friends Sunday 4-7pm at the funeral home. In lieu of flowers, memorials may be made to the American Brain Tumor Association, 2720 River Rd, Suite 146, Des Plaines, IL 60018.



# Professionalism

## A Status Report

**Arnold J. Berry, M.D., MPH**  
**Immediate Past-President**

I am old enough to remember when pediatricians and family doctors routinely made house calls. The physician came to the patient's home, often at night or after their office hours, stood by the bedside to examine the patient, and discussed the patient's illness with the family. There were limitations to what the physician's visit could actually do to change the course of the disease, but their presence was comforting to the patient and family. As medical care became more complex and the technology utilized for diagnosis and treatment evolved, the house call disappeared. With the complexities of our modern healthcare system as well as internal and external pressures, physician altruism as exemplified by the house call might also have been threatened.

Professions are characterized by a defined body of knowledge, and its members facilitate continuous improvement in their practice. They are expected to self-regulate by creating standards and to hold their members accountable for adherence to expected behaviors. As medical professionals, we are asked to put our patients' needs before our own.

Previous generations of medical students and residents learned professionalism by observing their faculty's interactions with patients, family, staff, and other physicians.

Recently, the Accreditation Council on Graduate Medical Education (ACGME) acknowledged that professionalism must be taught as a Core Competency for physicians. "Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- Compassion, integrity, and respect for others;
- Responsiveness to patient needs that supersedes self-interest;
- Respect for patient privacy and autonomy;
- Accountability to patients, society, and the profession;
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation."

In our current healthcare climate, these high ideals are being challenged. There is constant tension between what is best for patients and the self-interests of physicians or corporations in the healthcare industry. Unprofessional behavior may manifest itself in many ways. The most egregious misconduct includes kickbacks from pharmaceutical companies or device manufacturers, fraudulent claims submitted to insurance

companies, and the provision of unwarranted services to patients. Hoping to positively influence relationships with physicians, commercial entities in the healthcare industry provide gifts such as dinners or meals at conferences, tickets to sporting events, and books or medical equipment. Key physicians, identified as "thought leaders," may be asked to serve in paid positions as consultants, board members, or speakers.

These relationships create conflicts of interest that can introduce corporate bias into medical education, clinical practice, and research. Some physicians hold patent rights to drugs or devices or equity positions in their manufacturers, and these individuals publish clinical studies that utilize their products. In some instances, these financial relationships are not disclosed to the journal editors or the manuscript reviewers. In this scenario, a positive publication would surely result in enormous personal financial gain for the author. Some relationships may be more complex. The physician-scientist may serve on the faculty of an academic institution that holds stock or has a share in the ownership of the start-up company founded by the physician. In this situation, the bias of both the physician inventor and the institution would be aligned.

These complex conflicts of interest must be managed among faculty, institutions, and for-profit companies to protect the patients who volunteer for studies that evaluate new

drugs, vaccines, or devices. But, a vexing problem remains. The conflicted physician-scientist may have unique knowledge and expertise that makes him or her the most qualified individual to conduct the required research or provide the necessary education. Under these circumstances, management and/or resolution of the conflicts must occur via an unbiased process, usually an institutional conflict of interest committee.

As a profession, we must now hold our members accountable for preventing influence from pharmaceutical and medical device industries from affecting practice, education, and research. If we fail to address the problem, external forces will. The federal government has already become interested in these issues. The Office of Inspector General and the U.S. Senate Finance Committee have been investigating the impact of physician relationships with pharmaceutical corporations and medical device manufacturers on federal spending for healthcare and research. The government alleges that federal expenditures



Dr. Arnold Berry addresses the ASA House of Delegates at the 2007 ASA Annual Meeting in San Francisco.

# Summer Meeting Recap

## The Business of Anesthesia: Lowering Your Handicap, Increasing Revenue

Ellen Boney, M.D.  
Lighthouse Anesthesia, LLC  
Activity Director

Sea Pines Resort on Hilton Head Island, SC was the site of the 2008 GSA Summer Educational meeting. The theme was Lowering Your Handicap, Increasing Revenue. Outstanding speakers and thought-provoking topics of interest to every anesthesiologist made up the curriculum.

The Saturday morning session opened with the ASA Update by ASA President-Elect Roger Moore. His discussion included the recent victories in the U.S. Congress with the SGR fix, which prevented a severe reduction in Medicare reimbursement that was looming for July 2008. Part of this victory was a reversal of the unfair teaching rule that had been in existence since 1994. In 2010 teaching anesthesiologists will receive full reimbursement for cases with residents instead of the 50% reduction that was put in place 14 years ago. Dr. Moore stressed the importance of being members of the ASA-PAC and the GSA-PAC as this is our instrument for lobbying for our patients to have access to safe anesthesia care.

Dr. Franklin Dexter, Professor at the University of Iowa and Director of the Division of Management Consulting, presented "Economics of Turn Over Time Reduction" which included the principles of increasing OR efficiency by reducing over-utilized OR time and increasing efficiency when ORs are underutilized by staffing appropriately. He discussed the fallacy of decreasing turnover time as a means of increasing the total number of cases per OR. His second topic was "Principles of Anesthesia Institutional Support" – the basis for payment agreements, reasonable rates for nonclinical time and undesirable precedents to avoid.

Dr. Amr Abouleish, MD, MBA, Professor of Anesthesia, University of Texas at Galveston, Chair of ASA Committee on Practice Management and well-known ASA Refresher course speaker presented "You're too Inefficient, Work Faster." He discussed the determinants of staffing requirements for anesthesia departments and how surgical duration affects clinical productivity of anesthesiologists. He pointed out the importance of reducing delays instead of decreasing already-reasonable turnover times. In "Working Hard, Hardly Working: Measuring Clinical Productivity for Individual

Anesthesiologists" he discussed confounding factors that make measuring and comparing anesthesia productivity difficult. He pointed out the importance of each group determining their own measure of productivity and assigning activities which contribute value to those measures.

"Incentives, Bribery, Behavior Modification and Parenting

Skills: a Primer for Anesthesiologists" was a lively presentation comparing lessons learned in parenting to those needed in working with anesthesiologists or others in an incentive system. His definition of incentive is a reward or enticement for doing something no one else wants to do, not reward for doing what everyone does as part of the job.



Dr. Dexter



Dr. Abouleish

David Mandell, JD, MBA with O'Dell, Jarvis and Mandell, LLC in Ft. Lauderdale, Florida discussed "Asset Protection Strategies for Today's Anesthesiologists" and "Retirement and Practice Exit Strategies for Today's Anesthesiologists." Both were thought-provoking discussions of where physicians have liability, which assets need protection and techniques for doing so. He presented numerous strategies for retirement planning and discussed steps in an exit strategy within a group practice. For those interested, he mailed copies of his book "For Doctors Only," one of 7 books which he has

authored or co-authored. Coming from a family of physicians (father and two brothers in medicine) he has a keen interest in physician strategies for asset protection.

Numerous vendors were present to support the meeting and interact with physicians. The annual Doctor-Vendor Golf Tournament was a huge success, with the rain barely holding off until the last group finished the 18<sup>th</sup> hole. Families found many social activities at the resort and the ice cream social, a family favorite, was a big hit as usual.

A very special Saturday evening reception was held at the Ocean Course Clubhouse honoring Dr. Yung-Fong Sung as the recipient of the Crawford W. Long Award for her many years of outstanding and dedicated service to the GSA. Her husband, Dr. Steve Holtzman, was present with Dr. Sung as she received this well-deserved award.

## Summer Meeting Photos

GSA members and guests who attend the twice-annual education seminars enjoy some of the Southeast's premier holiday and vacation destinations. The GSA Program and Education Committee chooses locations that are within convenient driving distance for all Society members and that are conducive to fun and relaxation for the entire family.

Group activities are designed to accommodate a variety of tastes and interests. GSA is currently looking at summer

meeting sites in mid-state Georgia and in the mountains of North Carolina as well as traditional venues along the coast. Commitments with hotels/conference centers are being made four years in advance to assure the lowest prices available.

The Society seeks your input on locations and topics for future meetings. To offer suggestions or to plug locations or meeting themes, please contact GSA Executive Secretary Jet Toney at [jet.toney@politics.org](mailto:jet.toney@politics.org).



### Memories... (Continued from page 7)

importance of the professional medical organization. The attraction to anesthesiology of the young medical graduate depended, in part, on his observation of a doctor trained in anesthesiology who thoroughly enjoyed his specialty and had the respect of his medical colleagues. Following the completion of the ASA Survey of residents, the ASA membership was willing to support new teaching programs directed towards increasing the number of medical students pursuing a career in anesthesia, and there was increased enthusiasm within the ASA membership itself. Although the growth of the Emory residency

program from this point on may have been due in part to other factors, I was convinced the ASA provided very valuable support for the growth of the anesthesiology residency program. The summer preceptorship program, headed and pushed by Dr. Thomas Burnap, provided intimate and enthusiastic contact for 500 to 700 medical students annually for over 10 years. This preceptor program was extremely valuable for the medical students, but the change in attitude and enthusiasm experienced by the ASA member who participated in this program was equally significant.

# Committee for Responsible Health Care Policy

## Catherine Meredith, M.D., Chair

The Committee for Responsible Health Care Policy (GSA-PAC) is having a landmark year, reaching near 50% participation of GSA members contributing to the PAC.

Your participation continues to be very important, proving that anesthesiologists support policy makers who are committed to the best healthcare for Georgians statewide. We distribute our pooled resources to officials who have demonstrated support for pro-patient,

physician-led healthcare. The GSA enjoys good standing in the state political arena, and we continue to re-earn this standing every two years as state lawmakers run for re-election.

Together with GSA's lead lobbyist Jet Toney, members of GSA-PAC and our Government Affairs Committee will continue to deliver our message and our support to public officials and candidates on behalf of the GSA.

To join your peers in GSA's critical

grassroots advocacy effort, go online to the Members section of [www.gsahq.org](http://www.gsahq.org). Or mail your contribution to GSA-PAC, 1231 Collier Road Suite J, Atlanta, GA 30318.

Please feel free to contact me if you wish to discuss participation in GSA-PAC or to propose a political contribution for a state level candidate in this year's elections. For more information email me at [katiemeredith@yahoo.com](mailto:katiemeredith@yahoo.com) or visit the GSA website.

Naureen Adam, M.D., \$150  
Amy Marie Alvarez, M.D., \$20 (R)  
Suzana Anic, M.D., \$150  
Robert Arasi, M.D., \$150  
Rajesh Arora, M.D., \$150  
Sona S. Arora, M.D., \$50 (R)  
Michael E. Ashmore, M.D., \$150  
Rony H. Atiyeh, D.O., \$20 (R)  
David Bryan Austin, M.D., \$150  
Jaiwant M. Avula, M.B.B.S., \$150  
Daud Azizi, M.D., \$150  
David Bailey, M.D., \$20 (R)  
James M. Bailey, M.D., Ph.D., \$150  
Richard Scott Ballard, M.D., \$150  
Carolyn F. Bannister, M.D., \$500  
Laurie A. Barone, M.D., \$150  
Deborah H. Bauman, M.D., \$150  
Robert C. Baumann, M.D., \$150  
Timothy N. Beeson, M.D., \$150  
Arnold J. Berry, M.D., M.P.H., \$200  
B. Donald Biggs, A.A., \$150  
Virlyn Bishop, M.D., \$20 (R)  
John R. Blair, M.D., \$150  
Ellen Weinberg Boney, M.D., \$50  
Timothy W. Boozer, M.D., \$150  
Richard L. Bowe, M.D., \$250  
Wilmer Dornon Bradley, M.D., \$150  
Karen Lynn Bramblett, M.D., \$150  
Jennifer L. Brandenberger, M.D., \$20 (R)  
James Braziel, III, M.D., \$150  
Kurt Stephen Briesacher, M.D., \$150  
Jerome L. Bronikowski, M.D., \$300  
Alrick G. Brooks, M.D., \$500  
Ira P. Buchwald, M.D., \$100  
Bogdan S. Buczulinski, M.D., \$150  
John J. Byrne, M.D., \$150  
Bryan M. Carey, M.D., \$150  
James L. Carlson, M.D., \$150  
Karen T. Carlson, M.D., \$250  
Alan K. Carnes, M.D., \$150  
Donn A. Chambers, M.D., \$150  
Greyson S. Chappelle, M.D., \$20 (R)  
Diane L. Chauffe, M.D., \$100  
Bessie B. Chen, M.D., \$150  
Jonathan Clayton, M.D., \$150  
Charles L. Clifton, Jr., M.D., \$150  
Michael John Coleman, M.D., \$250  
James E. Cooke, M.D., \$250  
Donald R. Cornutt, Jr., M.D., \$150  
Sean L. Coy, M.D., \$150  
Keith David Craig, M.D., \$150  
Lee S. Davis, M.D., \$150  
Gwen K. Davis, M.D., \$150  
C. Phillip DeJarnette, M.D., \$100  
Frank W. DeMarino, M.D., \$150  
Sheryl S. Dickman, M.D., \$150

Lakshmi Digumarthi, M.D., \$150  
Alice Lachenal Dijamco, M.D., \$150  
Cayetano T. Dizon, M.D., \$500  
Gary Lee Dove, M.D., \$150  
Lisa R. Drake, M.D., \$150  
Clarkson McClendon Driggers, M.D., \$50  
Peggy G. Duke, M.D., \$500  
Donald Dunac, M.D., \$150  
Joel S. Dunn, M.D., \$200  
Faye M Evans, M.D., \$150  
Mauro Faibicher, M.D., \$500  
Roderick C. Finlayson, M.D., \$300  
Anthony J. Fister, M.D., \$150  
Joseph B. Floyd, M.D., \$150  
Annabel Rosado Flunker, A.A., \$100  
Scott C. Foster, M.D., \$150  
Rex B Foster, III, M.D., \$150  
Thomas E. Francis, M.D., \$150  
Craig Scott Freiberg, M.D., \$150  
David W. Gale, M.D., \$150  
Paul Garcia, M.D., Ph.D., \$30 (R)  
Gaston G. Garcia, M.D., \$50  
Gregory L. Gay, M.D., \$150  
Bradley J Germany, M.D., \$250  
Karen A Giarrusso, M.D., \$150  
Maurice B. Gilbert, M.D., \$100  
Marcel Gilli, M.D., \$150  
Cary B. Gilman, M.D., \$150  
Jeffrey N. Gladstein, M.D., \$150  
Robert Taylor Glenn, Jr., M.D., \$150  
Derek M. Goffstein, M.D., \$20 (R)  
Patrice A. Goggins, M.D., \$150  
Stephen C. Golden, M.D., \$150  
Lawrence H. Goldstein, M.D., \$150  
Patrick G. Goodman, M.D., \$150 (R)  
Timothy Michael Grant, M.D., \$500  
Arthur R. Gray, Jr., M.D., \$500  
Sally P. Green, M.D., \$150  
Michael J. Greenberg, M.D., \$150  
Kathryn A. Grice, M.D., \$150  
Stephen C. Grice, M.D., \$150  
Beata K. Grochowska, M.D., \$200  
Matthew L. Guidry, M.D., \$150  
Christopher G. Gunn, M.D., \$500  
Kevin Haim, M.D., \$150  
William Cannon Hallowes, M.D., \$250  
Kimberley D Haluski, M.D., \$150  
Robert C. Ham, Jr., M.D., \$500  
Yusuf Hasan Hameed, M.D., \$200  
Mark E. Hamilton, M.D., \$150  
Sue Han, M.D., \$100  
Fitz N. Harper, M.D., \$150  
Anne Therese Hartney-Baucom, M.D., \$150  
Kathleen Hartney-Velazco, M.D., \$150  
Preston P. Hawkins, M.D., \$150  
Rickard S. Hawkins, Jr., M.D., \$150

C. Alvin Head, M.D., \$500  
Harold J. Hebert, III, M.D., \$150  
Amber Millette Henderson, M.D., \$150  
Bruce A. Hines, M.D., \$150  
James E. Hinkle, M.D., \$150  
Michael David Hodge, M.D., \$20 (R)  
Howard Y. Hong, M.D., \$150  
Charles Stephen Hoover, M.D., \$150  
Jian Jim Hua, M.D., \$500  
Jarrod D. Huey, M.D., \$250  
Barry Hunt, A.A., \$50  
Wayne G. Hutchens, M.D., \$150  
Robert P. S. Introna, M.D., \$150  
L. Lester Jackson, M.D., \$100  
Ram P. Janardhanam, M.D., \$20 (R)  
Thomas Lemuel Javelona, M.D., \$150  
Jay W. Johansen, M.D., Ph.D., \$250  
R. Allen Johns, M.D., \$150  
Joseph F Johnston, M.D., \$25  
Edwin D. Johnston, Jr., M.D., \$150  
Aida I. Joiner, M.D., \$150  
Daniel M. Joseph, M.D., \$150  
David Arnold Josephson, M.D., \$150  
David M. Kalish, III, M.D., \$500  
Alan R. Kaplan, M.D., \$150  
Brian M. Keech, M.D., \$20 (R)  
Jung S. Kim-Wirsing, M.D., \$150  
Brian T. Kinder, M.D., \$150  
Jeffrey M. King, M.D., \$150  
Matthew A. Klopman, M.D., \$20 (R)  
Constantine Kokenes, M.D., \$150  
Scott E. Kolesky, M.D., Ph.D., \$20 (R)  
Karolyn J. Kramer, M.D., \$150  
Scott M. Kreger, M.D., \$150  
William Robert Lane, Jr., M.D., \$500  
Forrest J. Lane, Jr., D.O., \$150  
Igor Lazar, M.D., \$100  
Diane L. Lefebvre, M.D., \$150  
Lester Leggette, A.A.-C, \$50  
Thomas N. Lewis, M.D., \$150  
Richard R. Little, M.D., \$150  
Ying Hsin (Jesse) Lo, A.A.-C, \$150  
Richard C. Lodise, M.D., \$300  
Mark Thomas Lofye, M.D., \$20 (R)  
John Tuan Lu, M.D., \$150  
Michael E. Maffett, M.D., \$150  
Wilfrido M. Magat, M.D., \$150  
Samuel D. Mandel, M.D., \$150  
Ian Marks, M.D., \$150  
Daniel G. Marshburn, M.D., \$100  
William M. Martin, Jr., M.D., \$150  
John E. Maxa, M.D., \$150  
Carmen A. Mays, M.D., \$150  
James K. McDonald, M.D., \$500  
Keith M. McLendon, M.D., \$150  
Donald S. McLeod, M.D., \$150



Donnie Lynn McMickle, M.D., \$750	William M. Redwood, M.D., \$100	David Evan Strick, M.D., \$150
John C. McNeil, Jr, M.D., \$150	David A. Reeder, M.D., \$150	John D. Sucher, M.D., \$150
John Brotherton Meisinger, M.D., \$150	Carroll Reese, M.D., \$150	Francis Joseph Sullivan, M.D., \$150
Raul Anthony Mendiola, M.D., \$20 (R)	Linda B. Ritter, M.D., \$150	Steven L. Sween, M.D., \$150
Catherine K. Meredith, M.D., \$500	Howard Keith Robinson, M.D., \$150	Stephen N Tafor, M.D., \$500
Justin Paul Meschler, M.D., Ph.D., \$500	Kent H. Rogers, M.D., FRCP(c), \$150	Donald R. Talley, M.D., \$150
Joseph P. Mihalka, M.D., \$200	Luther C. Rollins, M.D., \$150	Constance R. Tambakis-Odom, M.D., \$150
Stanley R. Mogelnicki, M.D., \$150	Stephanie L. Roundtree, M.D., \$150	Sanjiwan Tarabdkar, M.D., \$500
Gerald E. Moody, M.D., \$250	Ana Maria D. Roxo, M.D., \$150	Marvin Tark, M.D., Ph.D., \$100
Antonio I. Morales, M.D., \$150	Olusegun Salami, M.D., \$150	J. Mark Tatman, M.D., \$100
Lamar H. Moree, Jr., M.D., \$250	Lawrence A. Sale, M.D., \$150	William M. Taylor, Jr., M.D., \$150
Robert O. Morris, Jr., M.D., \$150	James M. Sams, M.D., \$150	Damon A. Templeton, M.D., \$150
John G. Morrow, III, M.D., \$200	Albert H. Santora, MD, \$150	David W. Terotto, M.D., \$150
Wyndham G. Mortimer, M.D., \$150	Anthony Schinelli, M.D., \$150	Brian L. Thomas, M.D., \$150
John J. Moss, M.D., \$150	Michael G. Schneider, M.D., \$150	James Patrick Thomson, M.D., \$150
Richard J. Muench, M.D., \$150	Fred J. Schwartz, M.D., \$150	Anita C. Tolentino, M.D., \$150
Alan F. Nagel, M.D., \$150	Kathy L. Schwock, M.D., \$50	Elise Miranda Tomaras, M.D., \$250
John B. Neeld, Jr., M.D., \$150	Edward Timothy Scruggs, M.D., \$150	Kathy C. Trawick, M.D., \$150
John W. Newton, M.D., \$250	Karl J. Sennowitz, M.D., \$200	Richard W. Trent, M.D., \$150
Thanh T. Nguyen, M.D., \$20 (R)	Gurudatt K. Setty, M.D., \$150	Ratna Vadlamudi, M.D., \$50 (R)
Mark C. Norris, M.D., \$150	Alvin D. Sewell, M.D., \$500	Raul G. Velarde, M.D., \$150
Sydney Howard Odom, M.D., \$250	Jeffrey D. Shapiro, M.D., \$150	James Donald Vinson, Jr., M.D., \$150
Robert E. Oliver, M.D., \$150	Eric D. Shapiro, M.D., \$150	Steven M. Walsh, M.D., \$500
Shaun P. O'Rear, M.D., P.C., \$150	Mark M. Shoemaker, M.D., \$250	Alan S. Walters, M.D., \$100
Yetunde O. Oromogunje, M.D., \$100	David G. Shores, D.O., \$300	Deryl H. Warner, M.D., \$150
Armin V. Oskouei, M.D., \$20 (R)	Najeeb I. Siddique, M.D., \$150	Thomas B. West, M.D., \$150
Ronald D. Pace, M.D., \$150	Gary E. Siegel, M.D., \$150	Jordan M. Wetstone, M.D., \$150
Marvin M. Palmore, Jr., M.D., \$150	Antonio Roberto Silva, M.D., \$100	Jeffrey T. Wheeler, M.D., \$150
Thomas H. Parker, Jr., M.D., \$100	Donald B. Silverman, M.D., \$150	William S. Whitley, M.D., \$150
Rogério M. Parreira, M.D., \$150	Alan M. Smith, M.D., \$150	Christopher D. Whitson, M.D., \$150
Rafael P. Pascual, M.D., \$350	Kenneth Douglas Smith, M.D., \$150	Jason Christopher Williams, M.D., \$250
Paula J. Patula, M.D., \$50	Scott David Solomon, M.D., \$150	Timothy C. Williams, M.D., \$250
Andrea N. Pelle, M.D., \$150	Craig M. Spector, M.D., \$150	Charles K. Williamson, M.D., P.C., \$150
Keith N. Phillippi, M.D., \$250	Gautam M. Sreeram, M.D., \$150	Gordon S. Williford, M.D., \$150
Thomas E. Philpot, M.D., \$200	Myra C. Stamps, M.D., \$150	Robert Jim Winham, M.D., \$150
Bradley Phoenix, M.D., \$150	John H. Stephenson, M.D., \$150	Lily Young, M.D., \$20 (R)
Stanford R. Plavin, M.D., \$200	Thomas M. Stewart, M.D., \$150	James R. Zaidan, M.D., M.B.A., \$500
Henry A. Pridgen, III, M.D., \$250	David A. Stewart, M.D., \$150	Ginger E. Zarse, M.D., \$150
William Owen Prince, M.D., \$150	Gary Stolovitz, M.D., \$150	Matthew W. Zeleznik, M.D., \$150
Tonya R. Raschbaum, M.D., \$150	Stacy H. Story, III, M.D., \$150	Kerry Trent Zottnick, M.D., \$300

To join GSA's political action campaign, go to [www.gсахq.org](http://www.gсахq.org) and enter the "Members" only section. Or, mail your check made payable to "GSA-PAC" to 1231-J Collier Rd. NW, Atlanta, GA, 30318.

## Professionalism (Continued from page 9)

for Medicare and Medicaid are being increased by inappropriate prescriptions for drugs and use of devices in ways not approved by the Food and Drug Administration (FDA) or supported by evidence-based data. Congress is considering measures to combat this problem. Earlier this year, Senator Charles Grassley, introduced legislation, the Physician Payments Sunshine Act (S. 2029), that would require drug, device, or medical supply manufacturers that receive federal payments to disclose payments, gifts, honorarium, or travel given to doctors. These data on payments to physicians and their relationships with commercial entities would be fully disclosed.

The Accreditation Council on Continuing Medical Education (ACCME) has established Standards for Commercial Support which are designed to prevent commercial bias in the planning or implementation of accredited CME. Many valid educational activities are financed using corporate support which in 2006 amounted in over \$1.2 billion. Unfortunately, some educational activities supported by corporate entities are not accredited and do not comply with the standards set by ACCME. When a corporation sponsors a non-accredited "educational" presentation, a well known physician-researcher may be marketing or promoting the company's product.

In response to these issues and in an effort for self-regulation, several medical schools have implemented sweeping changes in policies limiting the interaction between corporate entities and faculty, students, and residents. The new rules totally eliminate corporate supported lunches, gifts, or funding for social outings. The Association of American Medical Colleges has advocated that "academic medical centers should strongly discourage participation by their faculty in industry-sponsored speakers' bureaus." On the corporate side, the Pharmaceutical Research and Manufacturers of America (PhRMA), the organization representing pharmaceutical and biotech companies, has revised its Code on Interactions with Healthcare Professionals to be consistent with ACCME Standards and the Federal Government regulations.

To preserve the public's trust, physicians must make it a priority to be professionals and to practice the tenets inherent in our profession -- integrity, transparency, and sensitivity and concern for the patient's best interest. While the days of physician house calls are now behind us, the professionalism demonstrated by the physicians of yester years must remain a part of today's practice.

# ASA Director's Report

Steven L. Sween, M.D.  
ASA Director



Our component society, the Georgia Society of Anesthesiologists (GSA), is comprised of ASA members from the state of Georgia. 2008 was a special year for GSA for many reasons, but especially as we celebrated our 60<sup>th</sup> anniversary year.

### **Education and Meetings**

GSA provides two excellent educational meetings each year for its members. The 2008 winter meeting, "Anesthesiology: Our Past to the Present" was held January 19 at the Marriott Evergreen Conference Center in Stone Mountain Park. Carolyn Bannister, M.D. and Thomas M. Fuhrman, M.D., program co-directors, compiled a talented group of speakers for this one-day event, including Dr. Robert Johnstone, ASA VP for Professional Affairs. The evening reception honored all past presidents of the GSA. Unfortunately, the threat of a winter storm negatively impacted the attendance for the conference.

In late July, GSA held its annual summer weekend meeting at the Sea Pines Resort on Hilton Head Island, South Carolina. An extraordinary group of invited speakers discussed topics relating to "Lowering Your Handicap, Raising Your Revenue: The Business of Anesthesia," under the program direction of Ellen W. Boney, M.D. We were honored to welcome ASA President-Elect Roger Moore, M.D. to our summer meeting.

Roger presented a thorough and optimistic ASA Update highlighting the many benefits that ASA membership provides and the promise for our solid future as a premier medical organization and specialty.

In additional efforts to educate and communicate with all of our members, particularly those who choose not to attend our excellent meetings, GSA continues to enhance the capabilities of our website (gsahq.org), and the GSA Newsletter, published and mailed quarterly (also available on the website). GSA is committed to continue to provide extraordinary service and value to its members, realizing that failing to do so may cause member attrition both for our component society and for ASA.

Georgia is home to two fine graduate medical education programs in Anesthesiology, one at Emory University in Atlanta and the other at the Medical College of Georgia in Augusta. GSA promotes and values the membership and participation of its resident component. It is imperative that ASA component societies emphasize the value of membership and support participation of their resident component in as many ways as they can. In an effort to meet that challenge, GSA and MAG Mutual Insurance Company are sponsoring a seminar just for anesthesiology residents on September 27 entitled "Developing Your Skills for Successful Practice." This wonderful opportunity to reach out to our youngest members will be held at the exclusive Cuscowilla Golf Resort on Lake Oconee in Eatonton, Georgia.

### **Organization Improvement and Advocacy**

Under the extraordinary, almost unprecedented and transformational leadership of our current President, Howard Odom, M.D., GSA has implemented in 2008 many substantive changes that hopefully will result in a "more solid, strategy-based, benefit rich GSA." Taking a play from the ASA Playbook (Organizational Improvement Initiative), Dr. Odom has aggressively evaluated and highlighted areas of potential organizational weakness for GSA, and he has prompted by his strong and dedicated efforts the following changes:

- Extensive Bylaws changes that provide for a more efficient and steam-lined membership application and approval process, designation of a new parliamentary authority (The Standard Code), re-define and strengthen our relationship with our state medical organization (MAG), delineate the responsibilities and expectations from many of the GSA standing committees, and a thorough modification of bylaws language to be consistent with current policy.

- Created a written set of Administrative Procedures that provide a framework for the policies and procedures of GSA that have previously been assumed, but not thoroughly documented and officially adopted by the organization.

- Formalize in writing our long-standing and very

## Membership Statistics

Active	<b>608</b>
Affiliate	<b>16</b>
Life	<b>1</b>
Disabled	<b>3</b>
Resident	<b>124</b>
Retired	<b>96</b>
Educational	<b>19</b>
Student	<b>4</b>
<b>Total</b>	<b>871</b>

## ASA Director's Report

(Continued from page 14)

successful relationship with our outstanding executive leadership, Mr. Jet Toney and his team at Cornerstone Communications. Jet has been an invaluable resource and a transforming influence for GSA for about fifteen years. It is difficult to imagine GSA without his presence.

Recognizing the increasingly important role for advocacy and GSA's continued active participation in the political arena, Dr. Odom has wisely upgraded and strengthened our Governmental Affairs team by appointing Steve Walsh, M.D. as the new chair. Dr. Walsh is the current President of the Medical Association of Atlanta, and he enjoys strong and respectful relationships both inside and outside the Atlanta medical community. Catherine "Katie" Meredith, M.D. has accepted the challenging role of GSA-PAC chair, and she has brought vitality and enthusiasm to this very important position. Under Katie's leadership, GSA-PAC is destined for near record participation levels in 2008,

## Dr. Sween is unopposed in his campaign to serve as Vice-Speaker of the ASA House of Delegates.

with 42% of active GSA members contributing to the current PAC balance of nearly \$104,000. GSA-PAC is clearly one of the most active and most respected medical specialty PACs in Georgia

### **Honored GSA Member - Congratulations**

GSA is extremely proud of and thankful for Yung-Fong Sung, M.D., who was recognized in 2008 for her outstanding achievement and extraordinary service to GSA and ASA with the GSA Crawford W. Long Award for Distinguished Service. Recently retired from the practice of

medicine after a long and distinguished career at Emory University, Dr. Sung tirelessly served both GSA and the Greater Atlanta Society of Anesthesiologists for many years, with particular focus on carefully monitoring and managing our financial matters. We are very grateful for her friendship and her extraordinary service.

## Letters to the Editor

Stanford Plavin M.D.



Dear Kathy,

I am writing this letter to you in order to introduce and increase awareness and support for a new non-profit charitable organization. It is the National Coalition for Quality Colorectal Screening and Care. ([www.preventingcolorectalcancer.org](http://www.preventingcolorectalcancer.org))

The organization/coalition was formed within the last year as an initial response to protect patient's and

physicians rights to select anesthesiologists to provide MAC during colonoscopy to their patients. It has subsequently grown to encompass and promote through a number of initiatives the ability to improve colorectal cancer screenings (colonoscopy) and the various barriers to access.

The coalition, which is comprised and chaired by a prominent gastroenterologist, is composed of colorectal surgeons, anesthesiologists, primary care physicians,

oncologists, and corporate sponsors.

It is the mission of this group to reach out to state and local medical societies, physician practices, and legislators to supports its mission. It has been instrumental in advocating for patient safety as evidenced recently by its testimony in front of the FDA during the hearings about fospropofol (aquavan).

Just recently, one of our sister societies came on board, the SCSA reached out to our coalition for support and information regarding a payor issue with BCBS of SC regarding MAC for GI cases. We were able to assist and enlighten the carrier and subsequently the policy was withdrawn.

This letter serves as an introduction and an opportunity for not only anesthesiologists to become involved in protecting and providing safe and appropriate sedation options, but also a way for the physician community to support, educate, and become part of a larger broad based initiative to further reduce the incidence of colorectal cancer by improving various barriers to quality care.

# GSA

## Summer Meeting 2009

July 31 - August 2

The King & Prince Beach & Golf Resort

St. Simons Island, GA

[www.kingandprince.com](http://www.kingandprince.com)

### Emerging Roads in Anesthesia: Reaching Beyond the OR

#### Objective:

Prepare anesthesiologists to better lead critical care, pain management and treatment of chemical terrorism.

The demand for anesthesia services is increasing due to more complex procedures being performed outside the operating room. Non-operating room anesthesia claims are reported to have had a higher severity of injury and more substandard care than operating room claims. The theme of the 2009 summer GSA meeting "Emerging roads in Anesthesia: Reaching beyond the OR" will help us focus on these challenges as well as other areas such as critical care, pain management and chemical terrorism where anesthesiologists are beginning to play an ever increasing role.

**Register now at**  
**[www.gsahq.org](http://www.gsahq.org)**

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Augusta, GA



#### Faculty:

1. Fredric I Weitz, M.D.  
Emory University School of Medicine, Atlanta, GA
  - Off-Site Anesthesia: The Emory experience
2. Ted Weatherred M.D.  
Medical College of Georgia, Augusta, GA
  - Off-Site Pediatric Anesthesia: The MCG experience
3. Adam E. Berman, M.D.  
Medical College of Georgia, Augusta, GA
  - Introduction to Electrophysiology Studies and Catheter Ablation
  - Cardiac Rhythm Device Management for the Anesthesiologist
4. Allen N. Gustin, Jr., M.D., F.C.C.P.  
University of Washington School of Medicine, Seattle, WA
  - New Trends in Mechanical Ventilation
  - Heparin Induced thrombocytopenia
5. William Hammonds, M.D., M.P.H.  
Medical College of Georgia, Augusta, GA
  - "A Life in Pain"
6. Mark Dershwitz, M.D.  
University of Massachusetts Medical School, Worcester, MA
  - Total Intravenous Anesthesia (TIVA) Pearls
  - Managing Chemical Weapons Exposure
7. Manuel R. Castresana, M.D., F.C.C.M.  
Medical College of Georgia, Augusta, GA
  - Anesthetic Implications For Endovascular Procedures Including Carotid Artery Stenting
8. Jeffrey L. Apfelbaum, M.D.  
ASA President, Northbrook, IL
  - ASA Update