

July 4th, 2017 Thank You



7th District Medical Society
Annual Meeting,
Wednesday, July 19, 2017
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1067 Main Street, Speedway, IN

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Every doctor who drops out of medical practice costs some health care entity \$250,000 or more to replace. Few groups or institutions can afford to lose even one physician. And each physician loss exacerbates access problems for patients.

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Bulletin

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Beverly Hurt

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about our cover

We celebrate America's birthday and honor those who have given all for our country.

7th District Annual Meeting, Wednesday, July 19, 2017 at the Speedway Indoor Karting." www.SIKarting.com, 1067 Main Street, Speedway, Indiana. See page 9 for SIK Registration form.

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Dr. Maisel welcomes suggestions from physicians, IMS Members and non-members.

Simply click on the suggestion box icon and

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President's Page *Susan K. Maisel, MD*

What physicians, bats and frogs have in common...

I am sitting on a plane, jetting back from the English countryside, after a family holiday with my daughter's large extended family of in-laws spanning 4 generations. Ages ranged from 1 to 83 years old, and professions ranged from students to teachers to information technologists, military elite, business owners and doctors. We were bound together by a common thread - our dependence on and obsession with our smart devices. I cannot recall a single gathering where an iPhone was not used to answer a question of debate (i.e., the origin of afternoon tea time as an English tradition, or the reason frogs and bats are protected species in England, with imprisonment the fine for an offense - will explain later). We used our "devices" to hire cabs and find directions, to review restaurant menus and find and purchase entertainment. We even used them to navigate through and reserve rides at LegoLand. We used them to review and retell the family history, and to record family history in the making. We spent a lot of time complaining about the amount of time the children spent on their "devices" and shared ideas and methods for computer-time limitations and providing alternative childhood activities. The more "senior" of our gathering spent time priding ourselves in doing things the old way - by learning through study, experience and memory, criticizing the younger generation's dependence on Google. We shared the fear that critical thinking and common sense are being lost, that no problems are being solved by the younger generations without their iPhones. We even talked about the fear of residents and younger doctors standing at the patient's bedside unable to make diagnoses and answer questions without a "device" in hand. On parting, we pledged to stay in touch by Facetime and Skype.

I am very aware of the generational gap of acceptance and respect for the impact of informational technology (IT) and artificial intelligence (AI) on our lives and professions. Whether or not we acknowledge it, there is literally nothing we do from day to day that has not benefitted from IT. In medicine, it is allowing us to move forward at lightning pace. It is solving centuries old medical questions about the etiology of and treatment of diseases. IT is allowing the practice of medicine to reach every corner of the earth by virtual clinics. AI is translating and transforming massive informational input into health predictions and diagnoses. So what are the next medical breakthroughs that will become part of our everyday lives over the next few years?

Telemedicine and the **virtual clinic** are here - just waiting for the business of medicine to catch up with the technology. Telemedicine is still needing organizational structure and insurance reimbursement to become mainstream. Although nothing can ever replace the "touch" of medicine, the benefits of telemedicine in improving patient care are obvious - reduction in the cost of time and travel, immediacy of access, reduction in the exposure to and spread of infectious diseases, the evaluation and treatment of the infirmed and the bedridden, to name a few. In my pediatric GI practice, I can't count the number of times a rash has been evaluated by (HIPAA compliant) photo sharing, or that a caretaker has been guided through the change of a gastrostomy

tube by facetime.

Remote patient monitoring (RPM) is evolving, ranging from chest-worn cardiac devices that detect and report arrhythmias and congestive heart failure, bed pressure sensors that alert need to change position to prevent pressures sores, smart bandages that detect and report early infection, to pill packs that report regimen compliance.

Over the next couple of years, the data collected for health, sleep and activity metrics using **internet apps**, such as Fitbits™, Apple Carekit™, and HealthKit™, will become uploadable into electronic health records (EHRs). It is predicted that 245 million wearable devices will be sold in 2019! The Office of the National Coordinator for Health Information Technology has mandated that the data be uploadable to EHR's. The American Hospital Association, the AMA, and the Healthcare Information and Management Systems Society are currently vetting and evaluating medical apps for safety and effectiveness. "Software vendors will need to develop apps to bring digestible, accurate, timely, and relevant vital-signs readings to the clinician's attention."*

In the next 2 years, **Artificial Intelligence (AI)** is expected to be commonplace and vital in analyzing exponentially increasing data from EHRs and apps, with consequent improvement in care decisions and saving lives. AI is defined by computers that can process language, develop vision and independently solve problems, and learn - actions formerly ascribed only to us humans. As an example, an artificial pancreas was patented by the FDA in 2016, that continuously monitors glucose and releases insulin automatically, replicating a healthy pancreas, and freeing up diabetic patients to live more normal lives. Google has recently patented a digital contact lens that can measure blood glucose level from tears, to be coordinated with an insulin release device. AI is revolutionizing drug discovery. The company Atomwise uses supercomputers that root out therapies from a database of molecular structures. Last year, Atomwise launched a virtual search for safe, existing medicines in order to redesign them to treat Ebola virus. They found 2 drugs predicted by the company's AI technology to significantly reduce Ebola infectivity. This analysis, which typically would have taken months or years, was completed in less than one day!**

Predictive analytics overlaps AI in that it analyzes trends and then makes predictions about the future, such as predicting which patients with pulmonary or heart disease will be readmitted, or which patients will or will not respond to a particular medication, or who is expected to require ICU admission within 36 hours. Predictive analytics provide physician-level insights without the physicians needing to be present at the bedside, helping guide the clinician's medical decision-making, similar to how more recently adopted technologies, such as CT and EHRs, do. While the technologies will never replace the clinicians, they will help deliver a high level of patient care.

Developing technologies that are still several years away from mainstream adoption by the healthcare industry are "blockchain," "augmented reality," and "virtual reality". **Blockchain** is touted to be "as revolutionary as the internet itself."

Cont'd. on page 13

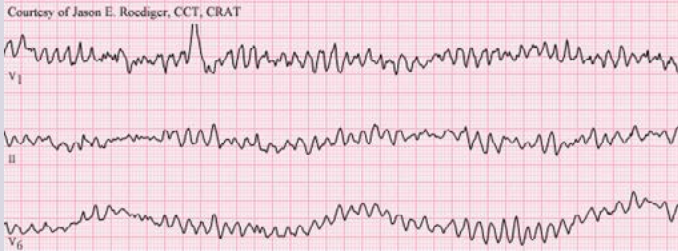
Special Feature

IMS Retired Physicians Meeting - 13 June 2017

Speaker: Ms. Diane Tolliver

“Angel of Death – The Case of Orville Lynn Majors”

By Bill Dick



Diane Tolliver was a forensic document examiner for the Indiana State Police for 36 years. She has piloted her own company for five years, but insists that she is trying to retire. She will present this same talk to her national convention in the fall. Hers is a career to be proud of, as she helped put many felons behind bars. One of those was Orville Lynn Majors, Jr.

Ms. Tolliver took a Bachelor of Science in Criminology from Indiana State University and then earned a Master's Degree in Public Affairs at Indiana University. She was the Unit Supervisor at the Forensic Document Division of the Indiana State Police. From 2000-02, she was the president of American Society of Questioned Document Examiners. She is the author of published articles and professional papers. Diane is one of only three persons certified in Indiana.

Forensic document examiners may be called to examine many kinds of articles: paper, trash bags, tennis balls, notes from jail cells, charred documents and handwriting samples. Infrared light may be used to uncover text under altered writing on papers or bank checks. “Always extend the Payee line at the top of the check,” advised Ms. Tolliver. Other machines that can be used are the Video Spectrum Comparator 2000 HR and an Electrostatic Detection Apparatus (ESDA).

In 1994, a Nursing Supervisor at Vermillion County Hospital, IN, observed puzzling deaths (in the ICU) which led her to check which nurses were working when the patients died. “I saw that I had a pattern; there was one person present a majority of the time,” Dawn Stirek told the Indiana State Board of Nursing. She took the information to the Hospital Administrator. He waited one day to ponder the information and the next day the Hospital fired Orville Lynn Majors, LPN. In addition, the local office of the Indiana State Police was called.

Ms. Tolliver emphasized that the investigation analyzed the deaths of 165 people, took nearly five years, and cost \$1.2 million. It was found out that co-workers suspected Majors. But it takes proof in court to put someone behind bars! We were shown the Probable Cause Affidavit from 19 Dec 1997. Diane showed a diagram and a photo of the 4-bed ICU and included a photo of Mr. Majors.

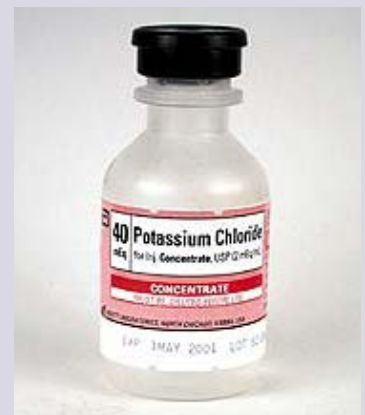
The number of admissions to the hospital and the number of deaths in the ICU were stable from 1990-1993. But in 1994, the first year of Majors employment in the ICU, the death rates rose by four times, though the number of admissions remained the same as previous years. Stirek prepared a table of the information. It showed that one nurse was present at most of the codes and deaths. There were 122 deaths when Majors was working but only 25 deaths when he was not there.

Tolliver cited the prosecutor and three police detectives as the heroes in the case. She did not mention Nurse Stirek, who has remained in the background. A Medical Review Team reviewed the charts and reports. This led to a Special Prosecutor and exhumation of several bodies which were autopsied by the Coroner. Nothing new was found in those cases. Ms. Tolliver testified at the trial that Majors had altered blood pressure and respiratory rate entries in one ICU patient record, to make the patient appear sicker.

In a search of Majors' premises, vials of Epinephrine and Potassium Chloride were found. On examination of the serial numbers, a trail was found that led from the manufacturer to the Hospital, to the home of the accused. Ms. Tolliver explained that potassium, when injected in a concentrated form IV can affect the electrical system of the heart and lead to cardiac arrest. This was demonstrated in a series of EKG's.

Diane Tolliver showed photos of the seven victims named in the trial. In spite of the judge not allowing the chart of the admission and ICU deaths (the Docs were astounded), Majors was convicted on six of the seven counts. Majors was sentenced to 360 years behind bars. He would be eligible for parole in July of 2177.

Per Ms. Tolliver, no one knows the motive for these killings. It has been said that Lynn Majors declared that he hated old people. He had helped care for an aging grandmother when he was a youth, and resented it. Or, it could have been self-hatred for his bisexual nature. Whatever it was, 150 people suffered an early death at the hands of this evil man.



7th District Medical Society

Hendricks, Johnson, Marion, & Morgan Counties

631 EAST NEW YORK STREET, INDIANAPOLIS, IN 46202-3706

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Web: www.imsonline.org

Annual Meeting Wednesday, July 19th, 2017



Speedway Indoor Karting ... www.SIKarting.com

1067 Main St., Speedway, IN 46224

Plan now to attend and set your own track record!

Karting: 6:00 to 8:00 PM, Wednesday, July 19th, 2017

- Karting first; meal, meeting, & officer elections to follow.
- Note: Children must be at least 8 years of age and 48" tall.
- Children's Race is at 6:00 PM...DON'T BE LATE!
- **Closed-toed shoes required; no flip flops or sandals. No Exceptions!**
- **You will receive a registration form to complete and return.**

RSVP by July 6th, 2017

Elections will be conducted for:
President (from Johnson County)
Trustee: David R. Diaz, MD (from Marion County)
Alternate Trustee: ibid

Physician Name _____ MD/DO

Please PRINT clearly for name badge preparation

Guest/s: _____

Children/Ages: _____

*****Payment required before July 6th! No provisions for Payment on night of event.*****

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Bulletin Board

Stephen W. Perkins, MD, of Meridian Plastic Surgeons, was one of the Featured Faculty Members at the recent Vegas Cosmetic Surgery & Aesthetic Dermatology meeting in Las Vegas. He presented lectures on the topics of Otoplasty, Rhinoplasty Tip Sculpting Techniques, and Surgical Pearls for Endoscopic Brow Lifting.

Rick C. Sasso MD, Indiana Spine Group, had his 19th patent issued by the United States Patent and Trademark office. US Patent number 9,066,751 was issued to Dr. Sasso as the sole inventor. This patent covers Minimally Invasive Spine Surgery and the use of Intraoperative Navigation techniques.

News from Franciscan Health

Franciscan Health hospitals in Central Indiana have been designated as an Aetna Institute of Quality® Orthopedic Care Facility for total joint replacement surgery and spine surgery.

Franciscan Health Mooresville and Carmel received the distinction for their total joint replacement program. The Indianapolis hospital was recognized for its spine performance.

“We are gratified our three hospitals have received this recognition, which provides vital information to help patients make the best healthcare decisions for themselves and their families,” said Sharon Annee, Administrative Director of Orthopedics for Franciscan Health. “It is a clear reflection of the dedication and professionalism of our physicians, nurses and support staff.”

Aetna provides information about the quality and cost of healthcare services available to its members to help them make informed decisions about their medical needs. In line with this goal, Aetna recognizes hospitals and facilities in its network that offer specialized clinical services for certain health conditions. Facilities are selected for consistently delivering evidence-based, safe care.

The designation for Mooresville and Carmel is the latest recognition received for these hospitals’ joint replacement programs. Surgical teams at the Center for Hip & Knee Surgery perform about 2,500 joint replacements each year, treating patients from across the nation and have instructed hundreds of surgeons in the latest techniques and methods for joint implants.

Since the Center’s founding more than three decades ago, surgeons at the Center have performed more than 40,000 hip and knee replacement procedures – the largest volume in the State of Indiana.

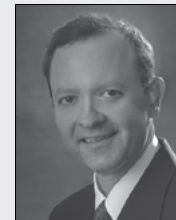
News from the AMA

CHICAGO – David O. Barbe, M.D., a family physician from Mountain Grove, Mo., was recently sworn in as the 172nd president of the American Medical Association (AMA). In leading the nation’s largest physician organization, Dr. Barbe will focus his tenure on advancing the AMA’s strategy to improve health outcomes for Americans living with pre-diabetes and hypertension; accelerate change in medical education and prepare students for today’s health care system; and enhance physician satisfaction and practice sustainability.

“At a moment of unprecedented opportunity to shape the future of not only our profession but also health care for years to come, I am excited and eager to lead the nation’s largest and most influential physician organization,” said Dr. Barbe. “The AMA’s work supports physicians across all specialties, career stages and practice settings as they navigate ongoing changes in medicine today and in the future. We are committed to providing physicians and physicians-in-training with the resources they need in their unique career journeys so they can provide the best care to patients.”



Stephen W. Perkins, MD



Rick C. Sasso, MD

Please submit Bulletin Board Information to Beverly Hurt, IMS EVP, at bhurt@imsonline.org or via fax at (317) 262-5609. Your photo in the IMS files will be used unless an updated picture is submitted with your material.

In Memoriam



James E. LeGrand, MD

Dr. LeGrand was 69 when he passed away May 23, 2017. He was born August 27, 1947 in Granite City, IL. He completed Medical School in 1973 at the University of Illinois, Chicago. He began his medical career practicing Internal Medicine in Champaign, IL in 1977 upon completion of his Internship and Residency at Boston University Medical Center. Dr. LeGrand moved to Indianapolis in 1991 and worked at multiple practices, both private and group. He was with Indiana Physician Associates and on staff at St. Vincent’s Hospice. In his personal life, he enjoyed music, traveling, art, culture, fine food and wine. He was proficient in playing the piano, piccolo and flute and sang in his church choir. He had been an IMS member since 1993.



Daniel R. Elliott, MD

Dr. Elliott was born in Bowling Green, KY August 11, 1936 and resided in Carmel, IN at the time of his passing May 27, 2017. He graduated from IU School of Medicine in 1961 and moved to Detroit, MI where he completed his Internship and Residency at Henry Ford Hospital. He earned his board certification in Radiology in 1967 then served two years in the U.S. Air Force practicing his specialty. Afterward, he moved to Dallas, TX where he practiced four years at St. Paul Hospital before returning to Indiana. He practiced 27 years in Indianapolis, with 20 of those years serving as the Managing Director and Treasurer of Northwest Radiology Network. During his free time, he enjoyed drama, piano, tennis, golf, snow skiing, photography, bridge and genealogy as well as travel and time with family. He had been an IMS member since 1972.



Gerald “Doc” R. Yarnell, MD

Dr. Yarnell passed away June 3, 2017 in Franklin, IN. His life began December 2, 1938 in Washington, IN, but he resided many years in Mooresville. He earned his medical degree from IU School of Medicine in 1968. Upon completion of medical school, Dr. Yarnell specialized in Anesthesiology at Methodist and St. Francis Hospitals. His time was also spent practicing Pain Management at Community Hospital South. He retired from the hospital setting in 2002 then moved to private practice continuing to specialize in Pain Management until 2012. He had been an IMS member since 1986.

Cont’d. on page 14

CME & Conferences

Community Hospital East

First Wednesday	Critical Care Conference CHE Administrative Conference Room, 12:00 – 1:00 p.m.
Second Tuesday	Medical Grand Rounds CHE Theater, 1:00 – 2:00 p.m.

Community Hospital North

First Friday	North Forum Reilly Board Room, 7:00 – 8:00 a.m.
First & Third Wednesdays	Psychiatry Grand Rounds 7250 Clearvista Parkway Multi-Service Room, 12:30 – 1:30 p.m.

Community Heart & Vascular Hospital

First Wednesday of every month	Imaging Conference: rotates Cath & Echo Case Presentation CHVH 3rd Floor Boardroom w/telepresence to CHV Anderson, CHV East Conference Room (Ste. 420) CHV South Conference Room (Ste. 2400) CHV Kokomo, 7:00 – 8:00 a.m.
Second Wednesday of every month	M&M Conference: every other month rotates the Echo & Nuclear Q/A, CHVH 3rd Floor Boardroom w/telepresence to CHV Anderson, CHV East Conference Room (Ste. 420) CHV South Conference Room (Ste. 2400) CHV Kokomo, 7:00 – 8:00 a.m.
Third Wednesday of every month	Ken Stanley CV Conference: rotates Quarterly for CV Quality Data w/Gae Stoops, CHVH 3rd Floor Boardroom w/telepresence to CHV Anderson, CHV East Conference Room (Ste. 420) CHV South Conference Room (Ste. 2400) CHV Kokomo, 7:00 – 8:00 a.m.
Fourth Wednesday of every month	Disease Management Conference: rotates CHF & EP Case Presentations, CHVH 3rd Floor boardroom w/ telepresence to CHV Anderson, CHV East Conference Room (Ste. 420) CHV South Conference Room (Ste. 2400) CHV Kokomo, 7:00 – 8:00 a.m.

2017 Cancer Conferences

Community Hospital East

Fourth Tuesday	East Multidisciplinary Breast Cancer Conference - CHE Ste. 420, 7:00 to 8:00 a.m.
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Community Hospital North

First & Third Tuesdays	North Multidisciplinary Breast Cancer Conference - CHN 8040 Clearvista Parkway, Suite 550 7:00 to 8:00 a.m.
Second & Fourth Wednesdays	North Multidisciplinary GI/Colorectal Oncology Conference - CHN 8040 Clearvista parkway, Suite 550, 7:00 – 8:00 a.m.
Second Friday	North Multidisciplinary Gynecologic Surgical Oncology Conference - CHN 8040 Clearvista Parkway, Suite 550, 7:00 – 8:00 a.m.
First Wednesday	North Chest Cancer Conference - CHN 8040 Clearvista Parkway, Suite 550, 7:00 – 8:00 a.m.
Third Wednesday	Melanoma Cancer Conference - CHN 8040 Clearvista Parkway, Suite 550, 7:30 – 8:30 a.m.
Third Friday	North GU Conference - CHN 8040 Clearvista Parkway, Suite 550, 7:00 – 8:00 a.m.

Community Hospital South

Second Wednesdays	South Multidisciplinary Breast Cancer Conference - CHS Community Cancer Center South 1440 E. County Line Rd., Community Room, 8:00 – 9:00 a.m.
Second Tuesdays	South General - CHS Community Cancer Center South 1440 E. County Line Rd., Community Room, 12:00 – 1:00 p.m.
Fourth Wednesday	South Thoracic Community Cancer Center South, 1440 E. County Line Rd., Community Room, 8:00 – 9:00 a.m.
Third Tuesdays	South Molecular Community Cancer Center South, 1440 E. County Line Rd., Community Room, 5:00 – 6:00 p.m.
First & Third Fridays	South Case Presentations Hospitalist Office, Ste. 1190 1440 E. County Line Rd., Community Room, 12:00 – 1:00 p.m.

For more information, contact Debbie Wieckert, (317) 274-5193.

Indiana University School of Medicine/ Indiana University Health

IU – Methodist – Riley

Online CME Activity	HPV Documentary: Someone You Love: The HPV Epidemic http://cme.medicine.iu.edu/hpvdocumentary
July 9-14	102nd Anatomy and Histopathology Course Felser Hall
July 21	Review and Interpretation of the 2017 ASCO Meeting Hine Hall Auditorium
Oct. 19-20	Fundamental Critical Care Support IU Health Methodist Hospital
Nov. 3	24th Annual Eskenazi Health Trauma and and Surgical Critical Care Symposium Eskenazi Hospital

Course dates and locations are subject to change. For more information, please visit <http://cme.medicine.iu.edu> or call 317-274-0104.

The Indiana University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

We have more than 100 recurring meetings available. For a listing or more information, please visit <http://cme.medicine.iu.edu> or call 317-274-0104.

To submit articles, Bulletin Board items, CME & events, opinions or information, email ims@imsoline.org.
Deadline is the first of the month preceding publication.

President's Page

(Continued from page 7)

So, what is blockchain? Blockchain was developed in 2008 for the purpose of establishing the ability to exchange digital cryptocurrency known as Bitcoin. The secure data structure of the technology was created to enable all kinds of transactions to take place without a trusted authority - such as a bank or insurance company - serving as a middleman, allowing 2 people to trust each other, without ever meeting. The general structure is that Blockchain transactions are logged publicly and in chronological order. The database reflects an ever-expanding list of ordered "blocks," each time-stamped and connected to the block that came before it, thus creating a Blockchain. What makes the Blockchain secure is that each block cannot be changed, deleted or otherwise modified - it is an indelible record that a given transaction occurred. Blockchain's potential for data security, its open and decentralized structure, lends itself well to health records management and proof of identity.*** Other possible applications in medicine include drug discovery, insurance claim simplification, and collection of data on patient-reported outcomes. It is predicted that Blockchain technology will lead to global interoperability and make current EHRs obsolete. Infrastructure for this technology in the healthcare arena is still in its infancy and several years away from maturity.

Augmented reality (AR) is the same technology that has made Pokemon so popular by placing virtual figures around the world for "capture" by game players with that app. AR superimposes a computer-generated image, sound and other information on a user's view of the real world, therefore providing a composite view. AR headsets, goggles, and now contact lenses, allow the user to project digital information over the real-life image they see. Medical applications already in use include education through layering of text over anatomic structures, enabling medical students to peel away skin and muscle and observe the placement and function of bones and internal organs. Future uses of AR may include projection of veins over an arm for ease of phlebotomy, projection of an MRI over a patient during surgery, vital signs pushed to a head-worn display during a cardiac arrest, facial recognition for patient identification in a crowded waiting room, as well as face recognition with immediate projection of a patient's medical history.

Virtual reality (VR) creates a computer-generated environment that immerses the user in a simulated world. Its potential application to the medical field is open-ended! The technology is already being used in medicine to train, diagnose and treat. Current uses include exposure therapy to treat patients with phobias, such as claustrophobia, fear of heights, and fear of flying, by simulating the experience of standing in a crowd, sitting on a cliff, and viewing out of a jet window. Post-traumatic stress disorder is being treated with virtual reality by placing veterans in virtual reality simulations of warfare environments to help teach them how to deal with instances that might otherwise be triggers to destructive behavior towards others or themselves. Diversional therapy is being used for burn patients during dressing changes by "putting" them into a virtual world of snow and ice. One program has patients throwing snowballs at penguins. Surgery training is getting away from cadaver training, turning to simulators that include haptic feedback for those doing the training. Professors at University of Texas, Dallas, have created a program to help children with autism work on social skills by putting them into job interviews or blind dates with avatars, helping them work on

reading social cues and expressing socially acceptable behavior. Simulated experiences can help disabled patients experience climbing a mountain in their wheelchair, or allow a child with cancer to "swim" in an animated fish tank.

Limits of technology have been enumerated in the recent Medscape article "What Technology Changes Will Affect Your Practice Soon?" "Telemedicine may increase access to clinicians. But what happens when the suicidal patient is not physically in your office for a proper referral to psychiatry? A remote monitoring device may experience battery failure, and changes in patient status may be missed. Older versions of insulin pumps or cardiac pacemakers can be hacked and their settings changed, with possibly lethal results. Software flaws may allow personal data to leak to criminals. Poor algorithms or rushed products may fail to perform. Creating a new technology is the easy part compared with the Byzantine process by which it is discovered, discussed, chosen, bought, presented, taught, piloted, troubleshot, rolled out, stocked, replaced, and scaled up."*

It is reassuring that as physicians, we will still be needed at the bedside for the immediate future, but definitely with our smart "devices" in hand! Which leads me to the google searches that started my pondering of this topic in the first place: 1. The origin of afternoon tea time as English tradition started in the year 1840 with Anna, the seventh Duchess of Bedford, who became hungry around 4 PM everyday. The evening meal in her house was served fashionably late at 8PM. She started asking for a tray of tea, bread and butter, and cakes to be brought to her room in the late afternoons, and then began asking friends to join her, thus establishing the fashionable social event. 2. The reason frogs and bats are protected species in England, with imprisonment the fine for an offense, is that they are insectivores that protect crops and forests against infestations, reducing and, in many regions, eliminating, the need for chemical insecticides. Like us, I guess technology has not yet put them out of a job!

* "What Technology Changes Will Affect Your Practice Soon?"

James M. Le Bret, MD, Medscape 2/1/2017

**TMF+ "The Most Exciting Technologies of 2017"

***<http://www.healthcareitnews.com/news/how-does-blockchain-actually-work-healthcare#sthash.ItuAHe1w.dpuf>



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Indiana University, 2017

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Resident – IU School of Medicine
Family Medicine
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South Carolina, 2016

Singhal, Krish K., MD
Resident – IU School of Medicine
Diagnostic Radiology
University of Kansas, 2016

Zolali-Meybodi, Ebrahim, MD
Anesthesiology, 2015
Indiana University, 2010

Providence, RI, August 30, 1928. Dr. Mealey received his medical degree from The Johns Hopkins University School of Medicine in 1952. He completed a Surgical Internship there, then went on to serve as a Medical Officer in the U.S. Air Force. He was also a veteran of the Korean War. Dr. Mealey was later awarded a Clinical & Research Fellowship in Neurosurgery, and from 1956 to 1960 completed his Residency at Massachusetts General Hospital also in Neurosurgery. When he finished in 1960, he was appointed Teaching Fellow in Surgery at Harvard University. Later that fall, he joined the surgical faculty of IU School of Medicine and became a full Professor in 1969, concluding in 2000. Dr. Mealey took an active role in several organizations, research and authoring or co-authoring many scientific papers. In his spare time, he enjoyed growing azaleas and rhododendrons, golf, and reading war and history books. He had been an IMS member since 1961.

In Memoriam

(Continued from page 11)



John Mealey, Jr., MD

A memorial service occurred last month to honor the life of Dr. Mealey. He passed away at his winter home in Fort Myers, FL on March 22, 2017. He was born in

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