

BULLETIN

PRESIDENT'S PG 04
MASK UP HOOSIERS
By Eric Tibesar, MD
IMS President

MASK UP INDIANAPOLIS



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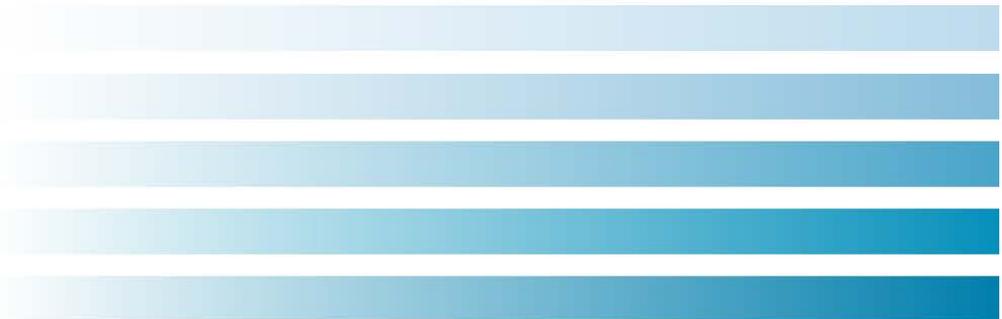
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LETTER FROM THE EDITOR

Members,

Happy Thanksgiving to you and your families. I have a great many things to be grateful for this year, including you and all of the physicians who care for me and my family members every day and especially during this pandemic. Everything is more during this time; more fear, more anxiety, more pain, more appreciation, more love. You should know that even though you are experiencing that more and taking the full force of that more in a lot of cases, many people will be sitting around their Thanksgiving tables or video chats being grateful to you and the work you do. I know I will be.

Thank you for all you do for the health of Hoosiers.

Sincerely,

Morgan Perrill
Executive Vice
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THE PRESIDENT'S PAGE

ERIC E. TIBESAR, MD



Hello once again friends, colleagues and esteemed members of the IMS. Welcome to the month of November. As in some of my previous letters, I do like to make a few quips about the weather but things seem unusually strange at the time of this writing. I am sitting in my office, staring out the window and I see all the leaves changing colors (and completely carpeting my lawn) and yet, no one is wearing sweaters but instead T shirts and shorts since the temperature is around 79 degrees out there. As if the year 2020 could not get any more strange.

I really try my best to keep these monthly letters as upbeat and positive as I can, but unfortunately, when it comes to the health and safety of Hoosiers, this month has started us off on the wrong foot. As we are delving deeper and deeper into influenza season, we are starting to see some very negative trends when it comes to COVID-19 in this state and across the country. Cases are surging at exponential rates throughout the state. We saw a record positive case report of 3,706 Hoosiers on November 4, only to have that number surpassed the next day with 4,423 cases and THAT number surpassed on November 7 with a record 4,911 positive daily cases.

We're starting to see dramatic increases in hospitalizations as well. A recent check of the Indiana COVID-19 dashboard online showed that ICU rates and ventilator usage appear stable but the graph of hospitalizations across the state and locally here, in Marion County, looks like a roller coaster ride you wouldn't want to get on after eating some greasy fries and a hot dog. All jokes aside, many, if not all local hospitals are feeling the surge and are making preparations for another big hit, similar to what we felt when cases and deaths peaked in late April of this year.

Unfortunately, some of this news doesn't seem to be getting through to many Hoosiers. As I drive to and from my office, I will stop occasionally at a gas station or grocery store and the number of people I see without masks or any type of face covering is shocking and disappointing. When the surge of cases went up, when daily death rates hit their peak and when the governor shut down the state and ordered a mask mandate, I was very proud to see almost all of us wearing our masks diligently whenever we left the house and went into public. Now, however, despite similar surges in cases and deaths, masking and social distancing are not as widespread and prevalent as they should be.

As I've said before many times in my previous letters, as physicians our utmost priority is the safety, health and well-being of our patients. Right now, that health and safety is at serious risk because of this pandemic and its second surge. Something has to be done. I would urge you all to do your best to continue to educate your patients about the importance of slowing the spread and flattening the curve by following strict mask and social distance guidelines. I would urge you to contact your local state legislators about the concerns and seriousness of our current situation and how some changes may be necessary to stop the spread. This is not a political issue, this is a public health issue. This virus doesn't care who you voted for, or what party you're affiliated with. Drastic measures must be considered for all Hoosiers, and something needs to be done to keep this under control. Recent reports of a vaccine for COVID-19 are very encouraging but until it is available to the general public, we must work hard for the safety of our patients, our family and ourselves.

Thank you again for fighting the good fight and for all you do day in and day out to keep us all healthy. Again, as always, stay safe, keep healthy and see you all next month.

Eric Tibesar
President
Indianapolis Medical
Society



THE PRESIDENT'S PAGE

ERIC E. TIBESAR, MD

Mark your calendars for this free (for members), virtual event on December 4. Immediately following U.S. Surgeon General Adams, join your IMS members in a wrap-around event to discuss the impact of social determinants of health in our community and how we can be an influence.

CME WEBINAR: Understanding the Role of Social Determinants of Health in Primary Care and Hospital Settings

Presented by

U.S. SURGEON GENERAL JEROME ADAMS, MD, MPH

Friday, Dec. 4, at 12 p.m. EST Register: www.indymedicalsociety.org



In this program, Dr. Adams will present an overview of social determinants of health and their impact on health outcomes.

He will provide expertise from his medical care provider and public health training to highlight the importance of collaboration among health care agencies to effectively address health disparities.

Objectives:

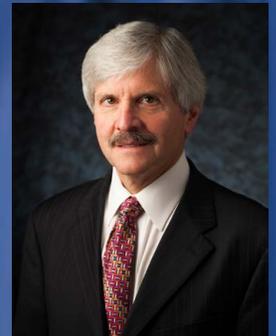
- Describe the impact of social determinants of health on health outcomes.
- Describe the impact of health disparities from an individual and community health perspective.
- Explain the shift from Fee for Service to Fee for Value in health care and its impact on social determinants of health
- Describe a "call to action" for local health systems to create meaningful change in addressing health disparities.

Social Determinants of Health



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Political Interference

By RICHARD D. FELDMAN, MD

IMS Board Member, MHM Board member and Past President, Former Indiana State Health Commissioner

As a physician and former state public health official, I'm troubled. I never imagined that political pressure would ever drastically influence the decisions of the Federal Food and Drug Administration or the Centers for Disease Control and Prevention. These agencies are traditionally very independent and science-based. Physicians and other health professionals have relied on the integrity of these institutions and their leaders for the very best information, recommendations, regulations, and policy development to serve their patients and communities.

Faith in the FDA and CDC has been shaken. These agencies have been compromised by a Presidential administration for political purposes. Not only does this result in loss of confidence among health professionals but also with the public.

First were the recommendations from the CDC regarding the reopening of businesses. Those guidelines were altered after issued because of the Trump Administration's insistence that they were too detailed. Next up were the CDC's school reopening recommendations, also modified after the Administration objected that they were too "tough".

Although CDC Director Dr. Robert Redfield always denies political pressure, the CDC issued new COVID-19 testing guidelines for asymptomatic individuals. The guidance suggested that these people, even after a high-risk exposure, didn't necessarily require testing, inconsistent with established public-health expert best practices. That guidance was later reversed after a public outcry and despite the President's insistence that less testing was desirable rather than more. There is credible evidence that politically-appointed Health and Human Services officials commandeered these and other guidelines. They censored or edited official CDC public reports over the objections of CDC scientists to make them consistent with the President's COVID-19 response positions, circumventing the customary CDC scientific review. Another excellent example was the guidance for safe reopening of places of worship. CDC scientists were intimidated, silenced, and their expertise marginalized with the message that the Administration's changes were not optional.

FDA Commissioner Dr. Stephen Hahn issued an Emergency Use Authorization (EUA) for

hydroxychloroquine without sufficient data demonstrating efficacy and safety. The President was strongly advocating for the drug's use, and it appeared that Hahn buckled under pressure - to the horror of health experts. When it became obvious that the drug had no benefit and actually produced harm, the authorization was rescinded.

The EUA for convalescent plasma for COVID-19 treatment and the expanded EUA for remdesivir were also felt by independent health experts to be issued without sufficient evidence of efficacy. The data used by Hahn to justify convalescent plasma approval were not only poorly controlled, but they were used "mistakenly" in a very misleading way to claim an inflated 35 percent reduction in mortality. He later apologized for his mistake, a mistake even a medical student shouldn't have made. That political pressure was rushing approval was obvious; a few days before Hahn indicated that convalescent plasma was not yet ready for EUA.

The Administration's threat of forcing premature approval of COVID-19 vaccines without adequate efficacy and safety data and short-circuiting clinical trials was real. That threat heightened when the FDA announced a more stringent and lengthened EUA protocol. Fortunately, the FDA and vaccine companies appear to have navigated around this potential political interference and preserved the integrity of the EUA-approval process.

The sacrifice of CDC and FDA credibility, through surrender and acquiescence, extends potentially beyond the current Administration's actions. It portends that future pervasive political influence over science is possible regardless of who sits in the Oval Office, undermining public confidence in venerated institutions essential to the public's health. Very scary.

NOTE FROM THE EDITOR

Editorials are opinions of the author and not the opinion of the Indianapolis Medical Society. Editorials are published with the intent to encourage discussion and opposing viewpoints are **welcomed**. Please submit articles for this publication to mperrill@indymedical-society.org.

Suzanne Knoebel, MD

Ahead of Her Time

By ELLIE KAVERMAN AND DR. THERESA ROHR-KIRCHGRABER
Graduate Assistant, Indiana University Office of the Biventennial

“The basic reason I’m in academic medicine versus practice is that I want to create new knowledge. If we don’t, we’re doomed to practice the same medicine 20 years from now that we practice today. I know I won’t win the Nobel Prize, but I hope to contribute new information.” — Suzanne Knoebel

Dr. Suzanne Knoebel, an alumna of the IU School of Medicine, was a pioneering researcher at the IU School of Medicine’s Krannert Institute of Cardiology for over 30 years. A visible leader in medicine, she served as the first female president of the American College of Cardiology.

Early Life and Education

Suzanne Buckner Knoebel was born on December 13, 1926 to a family of medical professionals. Knoebel’s father, uncle, and brother were doctors, and her mother was a nurse. She grew up in Fort Wayne, IN.

“In order to carry on a conversation in my family, you had to know something about medicine...I was very fortunate in that my father made no difference between what boys did and what girls did,” said Knoebel in a 1982 New York Times interview.

After graduating high school, Knoebel attended Goucher College in Baltimore, MD. She graduated in 1948 with a degree in International Relations. Shortly after graduating, Knoebel moved to Honolulu, HI to begin working at the Hawaii Chamber of Commerce. She worked there for several years before moving back to Indiana to follow in her family’s medical footsteps.

Knoebel enrolled at Indiana University School of Medicine (IUSM) and earned her medical degree in 1960 at 33. She stayed at IUSM for her internship, residency, and her fellowship in cardiology. Shortly after graduating from medical school, Knoebel was a visiting fellow at the National Institutes of Health studying cardiology.

“I came along about the time things started to get easier for women. There is still a disagreement over whether there is a handicap for women in medicine. I think it all depends on how a woman looks at it. I’ve felt no discrimination nor suffered unusual difficulties,” said Knoebel in a 1982 interview.

Career

In 1964, Knoebel accepted an offer to join the faculty at IUSM. The Krannert Institute of Cardiology was established at the school in 1963 under the leadership of Dr. Charles Fisch. Knoebel became an essential part of the newly established institute, and Fisch became Knoebel’s lifelong mentor. Knoebel was the first female cardiology faculty member at IU School of Medicine.

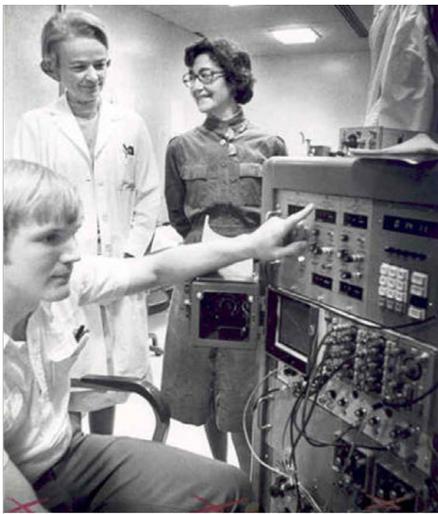
Knoebel quickly rose through the ranks at the Krannert Institute. In 1974, she was promoted to Associate Director, a position she held until 1990. Knoebel also served as the School of Medicine’s assistant dean for research. In 1977, Knoebel was named the Herman C. and Ellnora D. Krannert Professor of Medicine, a prestigious professorship named in honor of the of the philanthropists whose gift established the Krannert Institute.

Early in her career, in the 1960s, Knoebel and a team of researchers at IU School of Medicine patented a method for obtaining a fetal electrocardiogram. Before their method, it was difficult to record the fetal electrocardiogram during labor without interfering with the recording of the maternal electrocardiogram. Knoebel’s team posited a method that made it possible to do both simultaneously by using a “six-foot electronic gadget,” otherwise known as a fetal heart monitor.

An article at the time described the breakthrough as the following: “Dr. Suzanne B. Knoebel, of the IU. center, the only woman doctor on the research team, explained that the main thing the monitor does that had not been accomplished previously is to register the heartbeat of the unborn child separate from that of the mother, beginning several hours before birth... ‘We sort of stumbled onto the idea,’ Dr. Knoebel explained. ‘It had never been tried before. We had to make our own electrodes and develop a new technique.’”



Suzanne Knoebel, 1983. Courtesy of IUPUI Special Collections, 483-1633-2



Knoebel in 1973, courtesy of IUPUI Special Collections, UA24-000362

Knoebel's work at the medical school was nothing short of groundbreaking. She was an early pioneer and advocate of utilizing technology to improve medical care. Knoebel began the practice of using telephone lines to transmit electrocardiograms from outlying areas to the medical center. Long before 3-dimensional imaging became mainstream in medicine,

Knoebel helped to pioneer its medical research throughout the 1980s. She recognized early on how computers could be embraced in the medical community. Knoebel published almost 100 papers throughout her lifetime, ranging from echocardiography, electrophysiology and imaging, and later in her career, she published on cost effectiveness, statistical modeling, and strategies to improve medical decision making. Knoebel's lifework was in clinical science and she made groundbreaking strides that have positively impacted the medical community today.

"It's our feeling that research contributes to keeping physicians and teachers abreast of the newer things. One has to know what has gone on before and what the needs are, and undertaking research is a necessary means of keeping up to date," said Knoebel of the importance of research.

When asked in 1983 why she chose cardiology as her specialty, Knoebel said, "Because it is exciting, and because of the quick decisions needed in life and death situations."

Knoebel's Long-lasting Legacy

Not only was Knoebel well-known in the medical community due to her pioneering research work, but she was also known in popular culture largely because of her term as president of the American College of Cardiology (ACC). In 1982, Knoebel was selected as ACC President, a prestigious position, and served from 1982-83. She was the first woman selected for this position. Knoebel's high profile served as a symbol to female medical students.

Knoebel had a clear vision as ACC President at a time in which the profession and organization were rapidly changing. Knoebel worked on many elements of the medical profession from health care delivery and payment models, to establishing clinical standards, to chairing several ACC committees including government relations and long-range planning.

Shortly after being selected as ACC President, Knoebel said in another interview with the Indianapolis Star, "That's my life – I'm always the one woman," she says with a laugh... 'Basically, I think doctors are doctors—man or

woman. It's about time we had a woman president."

In 1983, in recognition of Knoebel's contributions, Ladies Home Journal named her as one of the "100 Most Important Women in America." She was featured in the magazine alongside other prominent women in America at the time, including Nancy Reagan, Barbara Walters, and Julia Child.

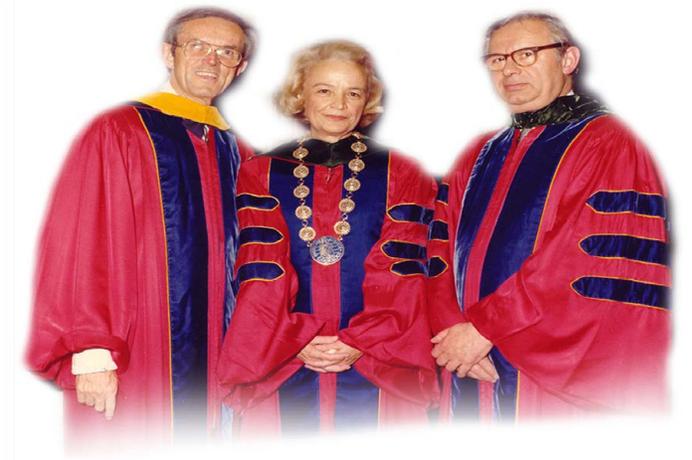
A decade earlier in 1973, Knoebel was named one of eight U.S. cardiologists to visit China on a special delegation at the invitation of the Chinese government. She and the other seven cardiologists were in China for two weeks for the purposes of teaching and the exchange of cardiology ideas. The doctors observed the practice of acupuncture anesthesia.

After the trip, Knoebel told journalists that she observed that about half of the medical professionals in China were women, compared to the much lower percentage of female American doctors. "It's a most competitive process in the sense that they must pass the approval of their peers and leadership in the commune. I suspect that the considerations of whether somebody is a man or a woman does not enter too much," she said.

Knoebel's decade-spanning career won her many awards, including the 1983 Matrix Award (Indiana Woman of the Year), the Indiana University School of Medicine Distinguished Alumnus in 1984, and the Distinguished Fellowship Award of the American College of Cardiology in 1986. In 1988, she received an Honorary Doctor of Science degree from Goucher College.

Apart from her research and work as a cardiologist, Knoebel spent her free time writing fiction and children's books that centered around animals and medicine. Her books included Takes One to Know One and Still Waters Run Deep, Dr. Tootsie: A Young Girl's Dream and Something to Crow About!: A Bird's Tale.

In 2000, Knoebel retired from the IU School of Medicine's Krannert Institute. When she passed away in 2014, she bequeathed \$8.5 million to the IU School of Medicine to support student scholarships and cardiovascular research



Knoebel at an 1983 ACC convocation. Photo courtesy of the American College of Cardiology

WOMEN IN MEDICINE *continued*

and education.

Dr. Knoebel also endowed the Dr. Charles Fisch Cardiovascular Research Endowment, which supports young investigators working in cardiology and senior researchers shifting their work in a new direction. The gift also established the Buckner Family Scholarship to honor the Buckner family tradition of practicing medicine.

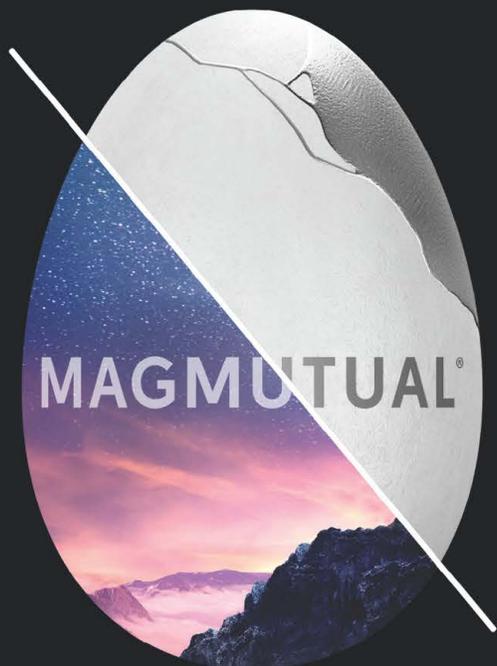
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Knoebel at a congressional testimony, 1983. Photo courtesy of American College of Cardiology

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Does Time Seem to be Slowing Down?

By JOHN J. WERNERT, MD, MHA
Executive Medical Director, Norton Behavioral Medicine



During the last several months, have you awakened not knowing what day it is? That was a rare experience for me prior to the pandemic. I'm one of those people who goes to sleep mentally reviewing my goals and obligations for the next day. I use to wake up with an agenda in mind, and I would revel in the differences of the days. Now I wake up and am not even sure what day it is!

I have heard from many patients that during the first months of the pandemic, every day seemed endless. Over time, the week seemed grindingly slow, and the weekends flew by. Now, ten months in to this "new" routine, we have begun to adapt to this altered lifestyle. Yet time still seems to have slowed down.

The pandemic has definitely amplified the disconnect between objective time measured by clocks and calendars, and subjective time, measured by our internal perceptions.

What we know from psychological research is that disruption of routines, uncertainty about the future, trauma, stress, task load, age and perhaps physical distancing all contribute to our pandemic time warp experience.

In a recent ethics article written by psychiatrist Claire Zilber, M.D. from Colorado, a summary of several articles attempted to study the public health implications of distorted time perception in the age of COVID-19. Much of the psychological research has focused on time perception that changes after various traumas. Essentially, trauma interrupts the normal perception and flow of time, causing us to be hyper-focused on the present moment. Pre-pandemic research about passage of time judgments has demonstrated that feeling positive and being highly aroused causes us to feel that time passes more quickly. "Time flies when you are

having fun" is subjectively true! Conversely, when you feel negative and have low arousal, time will seem to slow down.

Think of how our routines have been disrupted. We count on our schedules to keep us grounded and drive our productivity.

College students are grieving their locked-down version of their first away from home experience. Many social opportunities that students looked forward to such as trips abroad, social clubs, football games have all been postponed.

Young childless adults have seen their social lives shifted from concerts, bars and parties, to Zoom parties and online connections. Friday and Saturdays have become mundane and lack positive anticipation.

Young parents are nailed down to non-traditional instruction and no social events. Drinking alone is now commonplace.

Older adults are most at risk and are perhaps the most impacted by stay at home orders. Many have not seen family in person or hugged their grandchildren in over six months.

What to do? I propose that you must find a light-hearted way to view the pandemic and the new routines we will have to adopt. Whatever it takes to maintain and increase our feelings of social affiliation, especially extra efforts to be with family over the upcoming holidays. Reducing the stress by understanding that our schedules will change and get use to the idea that these new routines will eventually restore our more accurate perception of the passage of time.



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IMS Student Member, Carolina Vogel, Woman Wins in Medicine Scholarship

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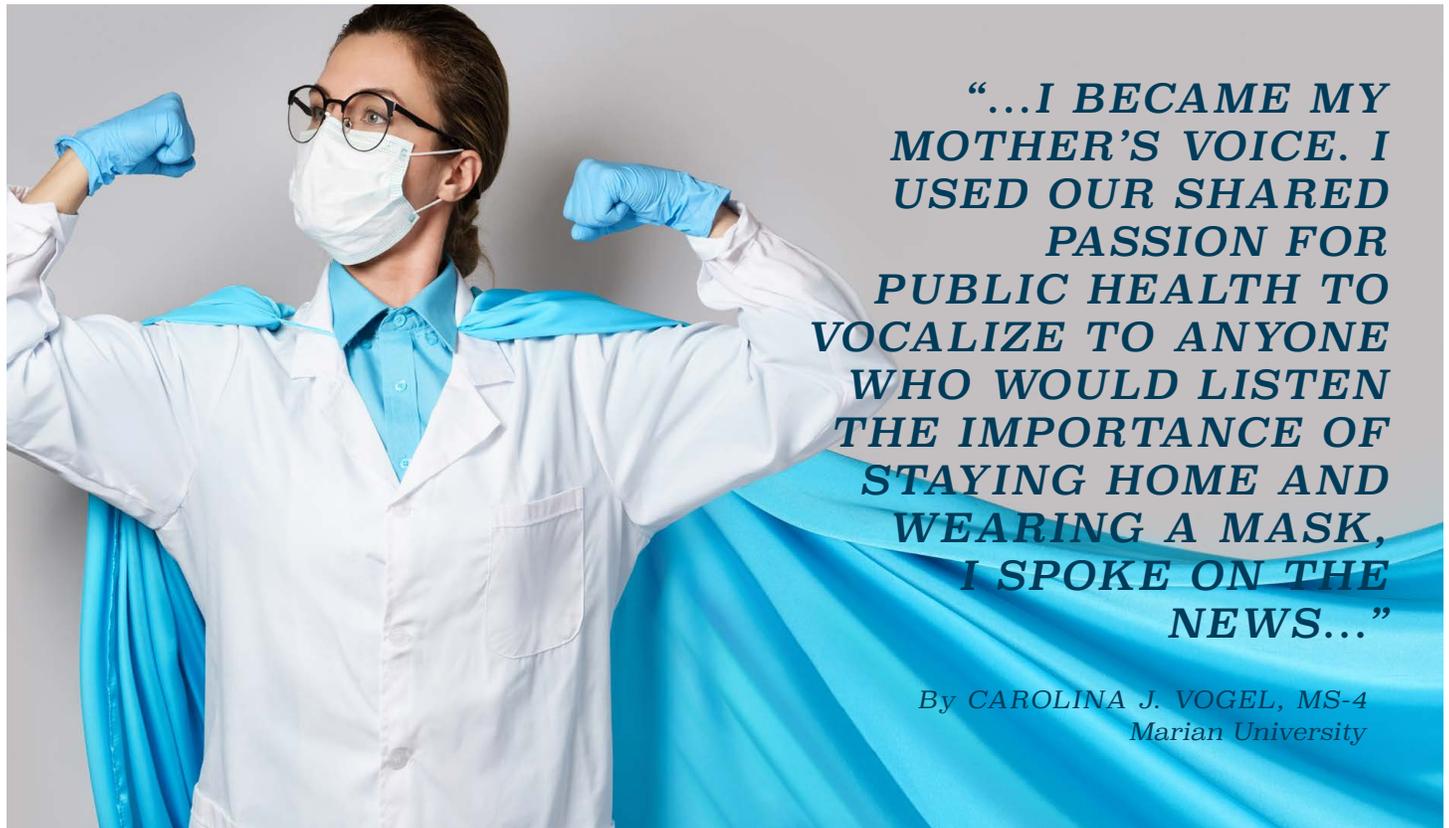


The National Association of Osteopathic Foundation awards a \$1,000 Woman in Medicine Scholarship who represents a growing population within healthcare. They encourage the pursuit of leadership and equality within the workplace. IMS Student Member and Marian University School of Medicine Student, Carolina Vogel, won this scholarship with an essay on the example of a woman's impact in the medical field and explained how it had inspired her to pursue medicine.

Winning Essay

On my rotation this month I began most days by walking into the hospital where my mother clung to life just a few weeks ago. It was an eerie reality. While she lived on a ventilator, I was unable to make the walk from the parking lot to the hospital due to pandemic visitor restrictions. I drove past and wondered if she could feel my presence. In those moments I squeezed the steering wheel a little tighter, forced myself to breathe deeper, and

said an extra prayer that she'd beat COVID-19 and come back to us. Thankfully, she did. After 51 days in the hospital and over 40 on the ventilator, my mother began her recovery. She is now home and continues to heal. While she was ill, I became my mother's voice. I used our shared passion for public health to vocalize to anyone who would listen the importance of staying home and wearing a mask, I spoke on the news about how my mother would want her nursing peers to have proper PPE, and I wrote an article about my family's experience to enable others to understand the gravity of the pandemic. My courage to speak publicly on her behalf was invoked by my relationship with someone I am proud to call a mentor, Dr. Theresa Rohr-Kirchgraber. I met Dr. Rohr during my first year of medical school when my upper level friends told me I "HAD to" meet her. She is known amongst students as an incredible mentor. During my time in medical school I have yet to come across an attending as willing to work with and support students as she. From encouraging research, writing, and academic



“...I BECAME MY MOTHER’S VOICE. I USED OUR SHARED PASSION FOR PUBLIC HEALTH TO VOCALIZE TO ANYONE WHO WOULD LISTEN THE IMPORTANCE OF STAYING HOME AND WEARING A MASK, I SPOKE ON THE NEWS...”

By *CAROLINA J. VOGEL, MS-4*
Marian University

involvement, to participating in and leading advocacy events, her passion to fight for positive change in patients’ lives and the equality of women in academic medicine is tangible. She believes that women in positions of power should use that power to help others advance. She pulls other female physicians up with her. I hope to be even half the mentor she is some day. In my short time as her mentee, I’ve seen her in 1920’s attire celebrating women’s right to vote, marching for Black lives, developing meaningful relationships with patients in clinic, and speaking to a crowd of hundreds of women from all over the world about women in medicine at an international conference. A few things I have been able to accomplish with her encouragement and guidance include starting a diversity initiative at my COM, traveling to the statehouse to testify on behalf of a bill, and speaking on a podcast episode about women in medicine. This list is not inclusive of all of the opportunities she’s shared with me and I am just one student. I know she has left a footprint in hundreds of young (almost) physicians’ lives. Dr. Rohr never shies away from a challenge or stops fighting for what she believes is just. She is a compassionate physician, well-loved by her patients as well as her colleagues. From her I have learned that being a “good” physician should extend well past the exam room. It means fighting for your patients’ access to care, writing to your legislators, and marching for change. She has shared with me numerous opportunities for personal and academic growth and challenged me to use an impossible circumstance, my mother’s illness, to benefit others. I am just a drop in the bucket. She has impacted hundreds of students’, physicians’, and patient’s lives through her advocacy work. In the future I hope to speak with the same conviction and integrity on behalf of my own patients and to serve and mentor others with the same fervor for growth. When my mother came home from her hospital stay, she had numerous cards filled with well-wishes. One in particular stood out to me. It was from Dr. Rohr.

Congratulations Carolina. We are proud to have you representing the Indianapolis Medical Society and sharing this story about one of our own dear members, Dr. Rohr-Kirchgraber. This essay encompasses the spirit of our society and the members who make that a reality.

If you are interested in this scholarship in the future, the National Association of Osteopathic Foundation has an online application which can be found here <http://www.somafoundation.org/women-in-medicine-scholarship.html>. Requirements to be considered include membership in the Student Osteopathic Medical Association, enrollment in an accredited Osteopathic medicine school and have not previously received the scholarship.

WELCOME NEW MEMBERS

LAURIE GUTMANN, MD

Indiana University/Department of Neurology
355 W. 16th Street
Indianapolis, IN 46202
Neurology
West Virginia University School of Medicine, 1986

KEVIN E. MACADAEG, MD

Indiana Spine Group
13225 N. Meridian St
Carmel, IN 46032
Anesthesiology
Wayne State University, School of Medicine, 1987

HELEN L. FLIPPIN, MD

Anson Family Medicine
Pediatrics
Indiana University School of Medicine, 2011

HOLLY J. IRWIN, MD

IUSM Emergency Medicine Residency
Emergency Medicine, Pediatrics
Indiana University School of Medicine, 2016

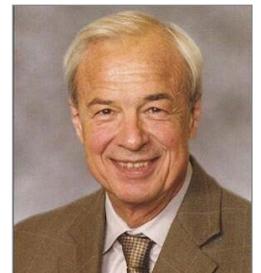
TEJAS N. NIKUMBH, MD

IU Health Transplant Center
Transplant Surgery
Grant Medical College, 2013

IN MEMORIAM

DONALD A. GIROD, M.D.

Donald was born November 18, 1933 in Bluffton, Indiana. Don attended Indiana University, where he earned his undergraduate and medical degrees. He became a pediatric cardiologist and came to Riley Children's Hospital in 1964. He practiced at Riley for 48 years. He conducted research with colleagues across the country and throughout the world. Don was a pioneer in infant cardiac catheterization in the United States and served as the Riley Hospital Director of Pediatric Cardiology from 1967 to 2004. He was awarded the Sagamore of the Wabash for his service to Indiana children in 2005. IMS Member since 1967.



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BULLETIN BOARD



RICK C. SASSO, MD

Dr. Barrett Boody and Dr. Rick Sasso published an article in an international spine journal regarding Cervical Disc Replacement:

Goldstein ZH, Boody B, Sasso R: Two-level anterior cervical discectomy and fusion versus cervical

disc arthroplasty: Long-term evidence update. *Int J Spine Surg* 14: S36-S40, 2020.

Rick C. Sasso MD, Indiana Spine Group, and his co-investigators just published the 2-year results of the most recent FDA approved Cervical artificial disc replacement. This prospective, multi-center, controlled trial was published in the peer-reviewed *Spine Journal*.

Phillips FM, Coric D, Sasso R, Lanman T, Lavelle W, Blumenthal S, Laurysen C, Guyer R, Albert T, Zigler J, Cammisa F, Milam RA: Prospective, multicenter clinical trial comparing M6-C compressible six degrees of freedom cervical disc with anterior cervical discectomy and fusion for the treatment of single level degenerative cervical radiculopathy: Two-year results of an FDA investigational device exemption study. *Spine J*, 2020.

The North American Spine Society held their annual meeting October 6-9 as a virtual event. Dr. Rick Sasso

was asked to perform a Cervical Osteotomy as part of the Cervical Spine Surgery section of “Surgical Technique Demonstration”. This was performed at the Medical Academic Center in Carmel, IN. This video is available to view at: <https://www.indianaspine-group.com/professional-education/>

North American Spine Society annual meeting 2020: Virtual Experience. October 6-9, 2020.

Lecturer: Surgical technique cadaver demonstration: Cervical spine surgery. Cervical Osteotomy

Dr. Sasso also presented a multi-center prospective, randomized, FDA clinical study regarding a novel surgical treatment for degenerative spondylolisthesis.

“FDA trial of decompression and paraspinous tension band for degenerative spondylolisthesis: 12-months follow-up in 93 patients.” North American Spine Society annual meeting 2020: Virtual Experience. October 6-9, 2020.

CME & CONFERENCES

MONTHLY EVENTS

	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1st Week of the Month	Community North: Breast Cancer Conf. 7-8 am	Community East: CHE Admin Conf. 12-1 pm Community North: Psychiatry GR 12:30-1:30 pm Community North: Chest Cancer Conf. 7-8 am Community Heart & Vascular: Imaging Conf. 7-8 am		Community North: Forum 7-8 am Community South: South Case Presentations 12-1 pm
2nd Week of the Month	Community East: Medical GR 1-2 pm Community South General CHS 12-1 pm	Community North: GI/Oncology Conf. 7-8 am Community Heart & Vascular: M&M Conf. 7-8 am Community South: Breast Cancer Conf. 8-9 am St. Vincent Simulation Center: Pediatric GR 12-1 pm St. Vincent Womens: Neonatology GR 12-1 pm	St. Vincent: Electrocardiograph Conf. 7-8 am	Community North: Gynecological/Oncology Conf. 7-8 am
3rd Week of the Month	Community North: Breast Cancer Conf. 7-8 am Community South: South Thoracic 8-9 am Community South: South Molecular 5-6 pm	Community North: Psychiatry GR 12:30-1:30 pm Community North: Melanoma 7:30-8:30 am Community Heart & Vascular: CV Conf. 7-8 am	St. Vincent Heart Center: Cardiac, Medical, Surgery 7-8 am	Community North: GU Conf. 7-8 am Community South: South Case Presentations 12-1 pm
4th Week of the Month	Community East: Breast Cancer Conf. 7-8 am	Community North: GI/Oncology Conf. 7-8 am Community Heart & Vascular: Disease Manage Conf. 7-8 am St. Vincent Womens: Perinatal Case 7-8 am		
Annual		St. Vincent Womens: St. Vincent Simulation Center: St. Vincent Simulation Center:	MFM Ultra Sound Series Sim Debriefing Essentials PMCH Crisis Management	Quarterly 1-4 pm 12x/Year 12x/Year

WEEKLY EVENTS

Day of the Week	Event
Monday	St. Vincent: General Cardiology 7-8 am
Tuesday	St. Vincent: Trauma Case 12-1 pm St. Vincent Womens: Neonatology Journal Club (every other month) 12-1 pm
Wednesday	St. Vincent: CCEP 7-8 am St. Vincent Heart Center: Intervention Cardiology 7-8 am St. Vincent: Advanced Heart Failure 7-8 am St. Vincent: Surgery Didactics 7:30-8:30 am St. Vincent: Surgery M&M 6:30-7:30 am
Thursday	St. Vincent PMCH: Pediatric Cardiothoracic Surgery & Cardiology Conf. 12-1 pm St. Vincent OrthoIndy: Fractures 8-9 am

IMS is not responsible for the events listed. We recommend that before attending any CME/Conference events that you check with the provider to confirm the program is still available.

ONLINE EVENTS

Indiana School of Medicine

Indiana University School of Medicine is committed to providing valuable educational opportunities. Many of our educational activities usually offered as face-to-face meetings, have now transitioned to a virtual format in an effort to keep healthcare teams connected and engaged during the COVID-19 pandemic.

Live Webinars, visit: <https://iu.cloud-cme.com>

NOV

- 20 Vaccines and Minority Populations
- 20 Midwest Medication Safety Symposium: lunch & learn sessions (thru 3/11/21)
- 24 Connection with the Latino Community about Vaccines

DEC

- 1 Best Practices: IUSM Industry Relations & IU COI Research Policies
- 4 Indiana CTSI Clinical Research Symposium & Workshop

JAN

- 21 Breast Cancer Year in Review

Additional virtual events: schedule, visit <https://iu.cloud-cme.com>

Grand Rounds: Dermatology, Gastroenterology, Medicine, Pathology, Pediatric, Psychiatry, Otolaryngology, OBGYN

Project ECHOs: Cancer Prevention & Survivorship Care, Integrated Pain Management

Education & Research: Child Neurology, Clinical Research Ed, Faculty Development, Simulation, IU Health Pathology Digital Imaging, Neonatal & Prenatal Ed, Pulmonary Research

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

INDIANAPOLIS MEDICAL SOCIETY

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** Indicates Voting Board Members, Term Ends with Year in Parentheses*

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Marc E. Duerden
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Bruce M. Goens
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Susan K. Maisel* (2021)

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Mary Ian McAteer* (2022)
John P. McGoff
Stephen W. Perkins

Richard H. Rhodes

DELEGATES

Delegates to the Annual State Convention

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

Linda Feiwell Abels (2021)
Christopher D. Bojrab (2021)
Ann C. Collins (2020)
Carolyn Cunningham (2022)
Julie A. Daftari (2020)
John H. Ditsler (2021)

Marc E. Duerden (2020)
Richard D. Feldman (2021)
Robert S. Flint (2021)
Bruce M. Goens (2022)
Ann Marie Hake (2022)
Ronda A. Hamaker (2022)

Mark M. Hamilton (2022)
C. William Hanke (2021)
Chad R. Kauffman (2020)
Susan K. Maisel (2022)
Mary Ian McAteer (2020)
Ramana S. Moorthy (2020)

Thomas R. Mote (2021)
Mercy O. Obeime (2020)
Robert M. Pascuzzi (2020)
J. Scott Pittman (2022)
David M. Ratzman (2021)
Theresa Rohr-Kirchgraber (2022)

Jodi L. Smith (2022)
Eric E. Tibesar (2020)
Maureen Watson (2022)
H. Jeffrey Whitaker (2020)
Steven L. Wise (2021)

ALTERNATE DELEGATES

Delegates to the Annual State Convention

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

Ranai Abbasi (2021)
Laurie L. Ackerman (2022)
Jeffrey L. Amodeo (2021)
Brian D. Clarke (2020)
Doris Hardacker (2021)
Brian S. Hart (2020)

Kyle Jamison (2021)
David A. Josephson (2020)
Penny W. Kallmyer (2020)
John E. Krol (2020)
Daniel E. Lehman (2020)
James Leland (2022)

Christopher Mernitz (2021)
Martina F. Mutone (2021)
Ingrida I. Ozols (2020)
Scott E. Phillips (2022)
Richard H. Rhodes (2020)
Jason K. Sprunger (2020)

Richard M. Storm (2021)
Glenn A. Tuckman (2021)

INDIANA STATE MEDICAL ASSOCIATION

Past Presidents

**Indicates deceased*

John P. McGoff
2017-2018

Peter L. Winters
1997-1998

John D. MacDougall*
1987-1988

Jon D. Marhenke
2007-2008

William H. Beeson
1992-1993

George T. Lukemeyer*
1983-1984

Bernard J. Emkes
2000-2001

George H. Rawls*
1989-1990

Alvin J. Haley
1980-1981

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David R. Diaz

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