EDITORIAL PG 05
EMERGENCY: Is the Doctor In?

by MERCY HYLTON, MD, MBA
IMS Board Member, ISMA Alt. Trustee
Superior risk-adjusted returns with an emphasis on **QUALITY ASSETS.**

Over $1 billion in assets under management for clients.

Diamond Capital Management
Fee-only portfolio management.

317-261-1900 | www.dmdcap.com | Indianapolis
LETTER FROM THE EDITOR

Members,

Be sure to mark your calendars for November 18. The Indianapolis Medical Society will host our 2021 Annual Meeting and we have an exciting keynote speaker lined up. Dr. Wendy Dean will be speaking about moral injury; the effects, the differences from physician burnout, and how it can be overcome. Check out page 10 for more details.

Happy Halloween!

Until next month,

Morgan Perrill
Executive Vice President
Do you suffer from work stress, pandemic stress, and career stress? The recent pandemic has created high levels of anxiety, depression and helplessness exacerbated by social isolation, social distancing, avoidance of public places, loss of income, employment, working from home and being caregivers. Physicians are not immune to such stressors in spite of functioning in a high stress environments. They have been subjected to extremes, day after day, working multiple shifts with chronic exposure to serious life-threatening illness, while working with inadequate resources and personal protective equipment. These issues cause healthcare workers to deal with recurrent patient suffering and death, many who are not used to it.

Stress affects their entire life. It is present at work and rolls over to their home and private life. At work, it is worsened by the loss of autonomy and rule-driven health care. It is often associated with a toxic work environment. It is further exacerbated by such factors as information technology (IT) that has redirected funds for additional caregivers, eaten up the time and attention of physicians, and done nothing to improve patient outcomes. It has also led to decreasing reimbursement resulting in the need to see more patients with less time to spend at each visit. These limited resources of time and attention coupled with lack of improvement in patient outcomes, has contributed to physician stress often referred to as burn-out.

Physicians are often reluctant to complain fearing that they will be judged negatively by their families, peers, and employers. Some actually fear retribution. They may be unable to leave their jobs due to a variety of reasons. They are reluctant to seek help. They suffer from anxiety, depression, sleep disturbances, physical disorders, and interpersonal relationships.

In July 2018, an article by Drs. Simon Talbot and Wendy Dean suggested physicians were not suffering from burn-out but rather from “moral injury.” There is a difference between burn-out and moral injury. Burn-out is associated with a failure of resourcefulness and resilience, something that physicians mastered during years of training. Moral injury was first used to describe veterans of Vietnam initially diagnosed with post-traumatic stress disorder (PTSD). While persons with PTSD experienced imminent threat to their mortality, these soldiers suffered repeated insults to their morality and actually questioned whether they were moral beings having been required to kill civilians upon being ordered by their superiors. The acts they performed violated deeply held moral beliefs. Physicians, like these soldiers, suffered from moral injury. They entered the field of medicine with a goal to help people and in doing so suffered a loss of early adult social experiences, financial stress, family strain, and loss of sleep while pursuing their educational goals. Failure to meet their goals, failure to meet a patient’s needs coupled with loss of autonomy creates conflict. Physicians lose a sense of who they are when they cannot do what they were taught to do and practice the art of medicine. They are forced to function in a business oriented, profit-driven healthcare system. They must deal with shortened visits, electronic medical records, quality metrics, prior authorization, and patient satisfaction all of which adds stress to their daily work experience.

Physicians become physically and emotionally exhausted. Their inability to deliver the care that they are taught results in “moral injury.”

Physicians are strong, resourceful individuals. However, they have not been able to solve this dilemma. Many leave clinical medicine. Some even leave the field of medicine. The rate of physician suicide has also increased and is more than double the general population.

The problems cannot be solved by wellness programs or corporate health officers. They will not improve with resilience training or articles providing tips to improve practices.

Business models that support physicians in the delivery of compassionate care, that respect physician autonomy, that allow doctors to practice evidence-based medicine, and the art of medicine will result in improved outcomes. Business leaders must include physicians in the decision-making process and must insist that hospitals and insurance companies support the best interest of the patient regardless of the interest of the business entity.

Please join us for our annual virtual meeting with featured guest speaker Dr. Wendy Dean who will discuss the untoward effects of moral injury and how we as physicians can help address and fix these issues.

Sincerely,

Linda Feiwell Abels
President
Indianapolis Medical Society

STAT July, 2018 “Physicians aren’t Burning out. They’re suffering from Moral injury.”
Everyday patients facing unexpected medical emergencies are among the most vulnerable people in our society. Those who are seriously ill or injured, and certainly anyone in extremis, typically have little to no choice regarding which emergency department (ED) to which they will be transported, and even less choice regarding who has been hired to care for patients in that ED. When circumstances dictate the loss of patient autonomy, the medical profession has a heightened ethical duty to ensure nonmaleficence, justice and patient beneficence.

Patients and their families will not know nor choose the specific professionals who will take care of them in the ED, but it is an understood social contract between patients, and health care institutions that patients entering a facility with a bright red EMERGENCY sign outside, will be evaluated and treated by a physician. Patients’ expectations for care in an ED do not typically include an assumption that their care will be primarily managed by nurse practitioners (NPs) or physician assistants (PAs).

Unfortunately, there is a disturbing trend for facilities that advertise themselves to their communities as having an “Emergency Department” to not always have a physician on-site. The dangerous practice of operating EDs without a physician always present is not only happening in states which have legislated independent practice for NPs and/or PAs, but also in states, like Indiana, which still require some degree of physician collaboration.

Patients with potentially emergent conditions at a minimum deserve the higher standard of physician supervision of the care of non-physician practitioners (NPPs), such as NPs and PAs, above and beyond simple physician collaboration. This supervision should be in real-time (as opposed to retrospective chart review) and on-site (as opposed to remote or even virtual). Physician supervision means the physician determines what is the appropriate level of physician involvement. For example, attending physicians at teaching hospitals actively and in real time determine the level of their involvement needed to safely supervise an intern versus a senior resident.

Collaboration inherently implies a lower standard of physician involvement and represents an attempt by non-physician practitioners to codify a false level of parity with physicians. It should be concerning to physicians and patients that NPPs in Indiana pushed to change the verbiage in their professional codes, most recently PAs in 2019, from “physician supervision” to “physician collaboration.” Collaboration may imply that consultation with the physician will occur only when deemed necessary by the NPP. This is inadequate in the setting of acute medical care, because NPPs have not had training nearly extensive as that of physicians, and thus cannot be counted on to consistently recognize all acute emergency situations in which immediate physician care is required.

Unfortunately, challenges unheard of in prior decades now threaten the delivery of effective and ethical care in many emergency departments. The employment model for emergency physicians has shifted over the past two decades from physician ownership (small democratic groups of physicians) to corporate employment. Many hospital systems now rely upon large national contract management groups (CMGs) to provide staffing for emergency services for their facilities. CMGs are highly profit-motivated entities, and many of the largest ones are owned by private equity (PE) firms or are PE financed. Compared to a hospital or a local physician-owned group, which has deep ties and accountability to the local community, national staffing corporations are primarily accountable to their shareholders and investors. This makes these corporations more likely to employ profit-motivated
practices such as unsafe physician to NPP ratios or deploying non-physician practitioners in solo-covered EDs, as has become prevalent in other states.

As CMGs acquire ED market share in Indiana, we must protect physician autonomy to determine the appropriate physician to NPP ratio, appropriateness of NPP training to work in an ED, and the appropriate degree of supervision of non-physician practitioners. These practice decisions are often characterized by administrators as mere personnel or staffing issues. However, taking these decisions out of the hands of the working physician could constitute the prohibited corporate practice of medicine. Wise legislators in decades past recognized that the sacrosanct physician-patient relationship will be quickly and inherently compromised when corporate concerns stand between the patient and the delivery of their care. The wisdom of decades past must not be cast aside in a manner that allows for pursuit of profits over the pursuit of excellent patient care.

Unlike the physician shortage and physician residency shortage suffered by many other specialties, two recent studies on EM workforce found neither a current shortage of emergency physicians nor of EM residency positions. Both studies also independently predicted a large oversupply of emergency physicians throughout the next decade. Any alleged lack of the supply of EM physicians should be recognized as a lie, and should not be a justification for hospitals to hire a non-physician to staff an ED.

With the invaluable guidance and mentorship of the Indianapolis Medical Society’s (IMS) Resolution Development Committee I recently authored ISMA Resolution 21-42 “Dedicated On-Site Physician Requirement for Emergency Departments.” I am grateful that this resolution was supported by both the IMS Board of Directors and the Board of Directors of the Indiana Chapter of the American College of Emergency Physicians (IN-ACEP) before it was passed by the 2021 ISMA House of Delegates. The ISMA Commission on Legislation has indicated that this resolution is likely to become part of ISMA’s 2022 legislative agenda.

Decisions about staffing of emergency departments are a matter of patient safety versus profit and physician autonomy versus the corporate practice of medicine, as well as ensuring truth and transparency in healthcare. Hoosier physicians must not allow our state legislators to be misled by talking points about a supposed physician shortage or a turf-battle among professions. Please ask your state legislators to support legislation that ensures a dedicated on-site physician 24/7 in all Emergency Departments in Indiana, so all Hoosiers can rely on the expertise and advocacy of a physician when they may need it the most.
Good morning, everyone. I am Elizabeth Struble, your new president of the Indiana State Medical Association. I am a family practice physician employed by the Lutheran Health Network in the small town of North Manchester, practicing full spectrum family medicine for the last 10 years. I have been involved with the ISMA since residency, serving in a variety of leadership roles, including as a member of the Commission on Legislation, District 11 trustee, chair of the Board and member of the Women in Medicine Committee.

I had hoped this year to be able to address you in person, but due to the COVID-19 virus we are again meeting virtually for our annual convention. I want to thank all of the hardworking ISMA staff for putting together such an amazing event, which I know has been exponentially more difficult in this format. The ability to make policy and convene our House of Delegates in a virtual setting is no small task, but we have a stellar team that has made it happen, and for that I am very grateful.

The past 18 months of this virus has taught us all to learn flexibility. From Zoom meetings, telehealth appointments, mask-wearing, new vaccines and treatment modalities, and ever-changing guidelines and political agendas, it is a wonder we can get anything accomplished at all. As physicians, we are not always the most flexible, often relying on time-honored processes and procedures that are evidence-based. But as we look forward to how COVID-19 has and will change medicine, I am proud of the way our state medical association has handled this crisis. Unfortunately, we are certainly not done with this virus, but as we learn and adapt to new ways of practicing medicine, we have the opportunity to be leaders in the health care setting to address these new challenges.

We all chose medicine for different reasons. My journey to becoming a physician has shaped how I view our profession and how I hope to influence our path in the coming year. I never even considered medicine in my early schooling. I majored in psychology and sociology in undergrad and then went on to divinity school, earning my Master of Divinity degree. It was through this experience that I first encountered medicine, as I worked as a hospital chaplain in several large hospitals in New York City and Detroit. The training I received opened my eyes to a new opportunity, wedding my love of science with my commitment to serve others. It was through this lens that I attended medical school and family medicine residency and landed where I am today.

My experiences taught me compassion for others, as I developed competency in the medical field. I learned resiliency from my mentors and colleagues, which turned my vision forward to the future of my career and the future of medicine as a whole.

Compassion
As physicians, our most valuable offering to our patients is compassion. We walk with them through some of the most difficult times in their lives, and our ability to care for them in their time of need is at the core of our practice as physicians. At the ISMA, I hope we can work together with other organizations around the state to continue to improve the health of Indiana residents and physicians. Expanding our CME offerings and creating leadership training opportunities are only two of the many ways the ISMA helps our membership be the best physicians they can be. Supporting our committees, including the Women in Medicine Committee and the newly formed Committee on Minority Affairs, helps us to address some of the inequalities in medicine so that we might better represent the entire physician community.

Competency
As physicians, we have all spent years in training in order to do all the extremely complicated and detailed tasks that we do. Our investment of time, finances and emotions into our training is what sets
us apart as leaders in the health care setting. We should be recognized as such, and this year I plan on working hard to protect our scope of practice. Whether it be truth in advertising, preventing scope creep, expanded practice or overstepping boundaries, I know how important this is for our members. It is best for our patients and for our industry.

We may not always agree amongst ourselves about the finer details of how we should practice medicine. I believe there is always room for the art of medicine, which can only serve to enhance the care of our patients. I think we can all agree, however, that our training and our expertise deserves to be acknowledged. We hear from patients again and again that they want physicians to be in charge of their health care, and I plan to advocate for what’s best for them and us in the coming year. This may mean that we have to stand firm in the face of criticism or opposition, but in the end, we know that our voice matters.

Resiliency

Our training as physicians has required us to learn how to be resilient in the face of sleep deprivation, high stress, life or death situations and accumulation of knowledge. Many of us find ourselves at times wondering if it is all worth it – how to bring the very best of ourselves every day to our patients, staff and colleagues. The ISMA has heard this concern and continues to work to develop resources to help the physicians of our state improve our own health. We have had great support from the state legislature to address this issue and look toward developing even more resources in the coming year for our members.

Future-Oriented

As physicians, we all share the similar experience of starting our first day of medical school, ready and eager to tackle the classes and clinicals that would lead us to our degrees. Our next step was residency, putting all that book knowledge into the field of medicine, dedicating hours in the hospital and clinics learning our craft. For some, that included even more time in a fellowship, specializing in even greater detail in the skills needed to care for patients. Finally, we stepped into practice, ready to take on the challenges in the setting and field in which we have trained.

At the ISMA, we place a high value on supporting and encouraging our members who are in training through the Medical Student Society and the Resident and Fellow Society, and to support our newest members in the Young Physician Society. The input of these groups of young trainees and physicians, their passion for our profession and their insight into the needs of our patients are invaluable for our association. I hope to continue to prioritize recruitment and retention of these members to strengthen our organization and push ourselves forward into the next generation of physician leaders.

In the coming year, I am energized to work toward our common goals. Luckily, I have the phenomenal support of many ISMA past presidents, to give me their wisdom and their expertise. The entire ISMA staff, led by our EVP, Julie Reed, continues to impress and astound me with their depth of commitment and range of skills. They are truly the most important asset within our organization. I am looking forward to sharing with both the district presidents and our Board of Trustees as we work toward implementing policy and advocating on a state and national level for our top priorities.

In my day-to-day work as a family physician in rural northern Indiana, I feel honored to share in the ups and downs of life with my office staff, fellow physicians and my patients. I’m sure in the coming weeks I’ll hear many comments and congratulations from these same patients on my new role as president. This makes all the hard work and extra hours well worth the effort, knowing I am making a difference for their health and our practice of medicine.

Finally, I could not finish without recognizing my family. Thank you: To my parents and in-laws, who run kids, babysit, make food and provide so many other intangible gifts to our family over the years. To my children, Miriam and Caleb, who (although sometimes unwillingly) share me with countless hours of Zoom meetings, hospital and nursing home visits, clinic time, traveling, and divided attention and still hug me when I get home. And finally, to my husband, Ryan, who without hesitation agreed to me pursuing this leadership position, who keeps everything running smoothly at home, and who endures hours of “doctor talk” whenever we go to conferences and meetings. Again, I thank you.

The next year may bring many challenges but, hopefully, even more opportunities. Your voice matters – we hear that again and again from our legislators, stakeholders and the community at large. Physicians are greatly respected, and I encourage you to use your voice to help support the ISMA in the next year. Whether that is talking with your state representative or senator, sharing about the great work ISMA is doing with a nonmember colleague or just offering your ideas to your district or county medical society leaders, we look forward to hearing from you. Your voice matters. Together we are stronger. Together we can drive the future of health care.
A Different Kind of Calling:  
**ISMA President Elizabeth Struble’s love for science and commitment to serving others.**

by ELIZABETH STRUBLE, MD  
ISMA President

On September 12, a new president was sworn in to lead the Indiana State Medical Association for 2021-2022. Elizabeth Struble, MD, is a family practice physician from North Manchester.

However, a career in medicine was not in her initial plans while studying psychology and sociology at the University of Michigan. And medicine was still not in her plans when she obtained a Master of Divinity degree from Union Theological Seminary in New York City.

It was Struble’s work as an ordained minister in New York City and Detroit that led her to answer a different kind of calling. By becoming a physician, she could combine her love of science with her commitment to serving others.

After she obtained a medical degree from the Michigan State University College of Human Medicine, it was her residency training in family medicine that brought her to Indiana. Now, employed by the Lutheran Health Network in North Manchester, she also is serving her fellow physicians in Indiana as ISMA president.

Since joining ISMA in 2009, Dr. Struble has actively advocated on behalf of her patients and the practice of medicine. She has served as president-elect, chair of the Board of Trustees and District 11 trustee, as well as a member of the Commission on Legislation and Women in Medicine Committee. In 2020, Dr. Struble was appointed by the Indiana Department of Health to the committee that developed the state’s COVID-19 vaccine distribution plan.

In the coming year, Dr. Struble stands ready to lead the ISMA through the ongoing pandemic, against rising health care costs with declining reimbursements, and against attempts at “scope creep” by midlevel practitioners.

“It is my hope that in the coming year I can talk with many of our members about their concerns, as well as encourage nonmember physicians to join the ISMA...”

Despite such daunting challenges, she sees many opportunities for physicians to further lead the state in driving the future of health care.

“It is my hope that in the coming year I can talk with many of our members about their concerns, as well as encourage nonmember physicians to join the ISMA,” Dr. Struble said. “Working together, I hope we can support one another and bring innovation and inspiration to our profession.”
Please join us to hear from Wendy Dean, MD writer, speaker, podcast host and President and co-founder of The Moral Injury of Healthcare. Learn about alleviating distress in the workforce from one of the leading physicians in the industry. Dr. Dean focuses on the need for change and real solutions. Stick around after for our annual meeting and learn about your Society.

A psychiatrist by training, Dr. Dean has been a practicing clinician, worked for the Department of Defense, and as an executive for a large international non-profit supporting military medical research. In addition to moral injury, Dr. Dean’s expertise in product development, reimbursement for novel technologies, clinical trial conduct, government investment strategy, and the ethics of medical innovations is widely sought.

We hope you can join us for this insightful discussion and annual meeting of the Indianapolis Medical Society!

Register Today

at

IMS EVENTS WEBSITE
www.indymedicalsociety.org/imsevents/

*This event is for IMS Members only and pre-registration is required.
Electronic-cigarette use is at epidemic proportions. Most concerning is the exponential increase among youth. Although there has been some recent decline in e-cigarette use among high school students, use increased by 135 percent between 2017 and 2019. Currently, nearly 20 percent of high school students partake in “vaping” with these electronic nicotine-delivery devices. Youth e-cigarette use is actually now higher than tobacco use. In 2019, 4.5 percent of adults used e-cigarettes regularly, and 37 percent of adult e-cigarette users also smoked traditional cigarettes. Regrettably, Indiana has one of the highest vaping rates in the nation.

E-cigarette-devices commonly contain tobacco-derived nicotine with other ingredients in a liquid. With inhalation, the heated liquid “vaporizes” into a white aerosol resembling smoke. Since there is no combustion, there is no actual smoke.

It’s a myth that vaping is safe. More correctly, e-cigarettes have the potential of being less toxic than combusted tobacco. They contain fewer numbers and amounts of carcinogens, toxins, and particulates compared to tobacco smoke since combustion liberates the highest levels of these compounds. Unfortunately, too many adolescent users still believe e-cigarettes are completely safe.

Acute adverse cardiopulmonary effects are well documented. However, since there are no long-term studies on e-cigarettes yet, the risk of long-term adverse health effects including lung cancer is completely unknown.

Although e-cigarettes have failed to be an effective tobacco cessation aid, there’s reasonable potential of reducing harm in recalcitrant tobacco smokers who completely substitute vaping for regular cigarettes. However, switching to e-cigarettes commonly results in dual use with tobacco smoking. Non-smokers should never initiate vaping and risk addiction and compromising their health.

E-cigarettes are a public health nightmare. Inexpensive and lacking the harshness of tobacco smoke, they are marketed to youth with various appealing flavorings. They are considered an adolescent gateway to nicotine addiction and eventual tobacco use. Vaping poses the greatest threat to unraveling 50 years of tobacco-prevention efforts by re-normalizing smoking behaviors.

The FDA has long delayed exerting their full e-cigarette regulatory authority (although recently began denying industry flavoring applications), and state regulatory efforts are still in relative infancy. There have been prohibitions of sales to minors and inclusions of vaping in smoke-free air laws; a few states have prohibited e-cigarette flavorings. Thirty states have enacted e-cigarette taxes to discourage use by increasing price.

Public health experts largely support e-cigarette taxes on a percent-of-price (wholesale or retail) basis as the best methodology to tie the cost of e-cigarettes to the cost of traditional cigarettes. However, state taxes based on percent-of-price vary widely from 7 to 95 percent.

Although some would tax e-cigarettes in parity with cigarettes, I favor an amount of tax to keep e-cigarettes somewhat lower comparatively in price. This would encourage adult smokers to switch to vaping as a likely less toxic alternative yet discourage youth use since they are the most price sensitive.

Indiana finally enacted taxes on e-cigarettes this year. The new statute met minimum best practices of public health tobacco-policy advocates; uncharacteristically, the legislature got it right. The e-liquid tax was set at 15 percent of retail for “open systems” (think vape shop products) and 25 percent of wholesale for “closed systems” like Juul.

Occasionally the Indiana General Assembly does something respectable to advance the public health of Hoosiers. It’s a good start in addressing the vaping epidemic of Indiana youth and its considerable future negative health consequences for our children.

Now, how about mustering the long overdue political will to increase the cigarette tax?
Colleague Corner: The 10 Question Interview

We have a special treat for you this month. Dr. Bob Flint, our newest District 7 Trustee, has graciously agreed to join our colleague corner alumni. We hope you enjoy learning about our newest representative at the ISMA level.

1. Tell our readers little bit about yourself, your family life, background including medical school and specialty and where you work now.

I was born in Greencastle, Indiana. I was raised in Kokomo where my father worked at Delco Radio for General Motors. I had 2 younger brothers, one of whom died with cancer a few years ago. I went back to Greencastle to attend DePauw University. I obtained both my MD and a PhD in Biochemistry (thesis involved a neuroscience topic) at Indiana University School of Medicine. My neurology residency was at Washington University in St. Louis, and my fellowship in Epilepsy and Clinical Neurophysiology was at the Cleveland Clinic. I practiced Neurology in a single specialty group that covered multiple cities and towns in central Indiana. I am married to a registered nurse. I have 2 wonderful and productive grown children.

2. What attracted you to medicine and your specialty in particular?

Even as a youngster, I wanted to ultimately be in an occupation that I could say had an impact on someone else’s life, every day. There are certainly many occupations that could fit that bill, but I also was very interested in science. In fact, I initially wanted to be a research scientist. I became more interested in medicine after I listened to a physician talk about the profession at a “vocation fair” sponsored by my high school. That was in 1971 which might arguably have been considered the pinnacle of medicine before the onslaught of malpractice claims and the impending dominance of health insurance companies and hospital conglomerates.

I chose neurology because the brain seemed like the ultimate “machine”. After all, this organ controlled, or at least mediated, what all of the other parts of the body did individually and collectively. It is what makes us “human”. It is what allows us to contemplate ourselves. If I was headed toward a career in medicine, I was going to tackle what I thought was the most challenging aspect of it. And, it has definitely NOT disappointed. In my career, I have seen the development of drugs to treat disorders that had not previously been treatable. We have developed interfaces between our brain and computer technology. We have significantly altered the outcomes of stroke, multiple sclerosis, and some inherited neuromuscular disorders. There is much more to come, and I have...
been lucky enough to be a part of this incredible progress.

3. Was there someone who inspired your journey toward medicine or someone who inspires you daily? What would you say to them if you could?

I would have to say that the individual who had the most impact on my destiny was my paternal grandmother. She was going to be a teacher, but got married and had children sooner than she had expected. She completed one year of college at Depauw. She was a very bright and wise person. She seemed to know exactly the things to say that guided my progress without me even knowing until I had a chance to look back. She always emphasized that I could do anything toward which I put my mind. She taught me to play the piano at an early age which initiated some sense of discipline that would later serve me so well through my academic adventures. She knew that I was working toward a career in medicine, but unfortunately did not live long enough to see me graduate.

4. What is the best and worst thing that has happened to you since becoming a physician?

The best thing that happened to me since becoming a physician was being able to get up every day and perform the activity which I loved and from which I derived so much personal satisfaction.

The worst thing that happened to me since becoming a physician was having to retire from direct patient care much earlier than I wanted due to the compromise of my health after spending 6 weeks on a ventilator with ARDS.

5. What is the biggest challenge you believe we face as physicians today?

I would have to say that the biggest challenge faced by physicians today is the rapidly changing character of medical care. These changes are necessary to keep up with the demand for medical services, the costs of those services, the changes in technologies that impact – directly and indirectly – the delivery of medical care, and the expectations being more fervently expressed by the public for their medical care. As a result, physicians are having to transition from proprietors of medical practice to employees, from documenting their care for their own records to documenting for payers and administrators, from directing eye contact toward patients describing their concerns to directing eye contact toward a computer as we perform required data entry, and from interacting with patients physically in an office to virtually via a computer connection. In addition, the physician-patient relationship is being intruded into and degraded by insurance companies, hospital administrators, attorneys, the government (at all levels), and most recently, non-physician medical providers who want to be equated to physicians. With all of this background noise, it is hard enough to maintain our sanity let alone the focus necessary to make sound and effective medical decisions.

6. Would you encourage another young person into a career in medicine?

I would encourage any young person to find the thing that makes them passionate and pursue it as their career. If that happens to be medicine, then I would make myself as accessible to them as they might need for counsel, guidance and reflection. I would want to be sure that anyone thinking about a career in medicine is fully aware of the significant challenges that face physicians, today, as well as the great rewards that still exist from practicing this unparalleled profession. Becoming a physician now is much more complicated than it was when I embarked on this journey.

7. What has been the most unique medical case you have faced before (without breaking any HIPPA laws of course)?

As an epileptologist, many of my neurology colleagues would send me patients...
whose epilepsy was not adequately controlled on current therapy. Many of these patients would need consideration for surgical intervention in the form of resecting the seizure focus. In that process, some of these patients would require the placement of electrodes directly against the brain inside the cranium. We would often use those electrodes to map eloquent areas of cortex via electrical stimulation. This was done at the bedside during monitoring for seizures as well as in the operating room at the time of the resection as a confirmation of our data before performing this irreversible procedure. This mapping, in itself, was some of the most interesting medical work that I undertook in my career. However, there was one case, in particular, that was indeed unique. This case involved a patient who used their voice for their vocation. They sang in multiple languages which they were not able to translate into their primary language of English. They could also read music. So, in the OR, with the brain exposed, the patient was awake singing opera in multiple languages while the surgeon was stimulating various locations of the exposed cortex, and an interpreter was indicating any disruption of the languages being sung. Unfortunately, the seizure focus was in the same area as that for reading music and singing in other languages so that resection would have severely limited this patient's ability to perform. Although, the resection would not have affected this patient's ability to communicate or even sing in English, they did not want to lose the ability to read notes or words of other languages.

8. If you could not be a doctor, what would you be?

As I suspect most everyone has already guessed from my answers to previous questions, I would have become a research scientist. I would have focused on neuroscience efforts.

9. What is your favorite inspirational quote?

“It is the province of knowledge to speak and it is the privilege of wisdom to listen.” Oliver Wendell Holmes

“Do not follow where the path may lead. Go instead where there is no path and leave a trail.” Ralph Waldo Emerson

I believe that both of these quotes have significant relevance to the effective practice of our profession in all aspects.

10. Anything else you want to share with your fellow IMS members?

It has been and continues to be my great pleasure to be involved with so many of you in so many different situations. I have shared patients with many of you. Recently, I have been involved in more of the organizational aspects of medicine including advocacy, legislative issues, and continuing education, with others of you. I have been blessed to have the good fortune of so many brilliant and creative colleagues from whom I have learned so much. I am also grateful for the support of my colleagues as I have undertaken several positions of service in the state and local medical organizations to which I belong. My sincerest thanks to you all and I look forward to many more years of activity with you.

Thank you Dr. Flint for sharing yourself with the IMS Members!

Don’t forget that ANY member can participate, from student to retiree. And you already know what questions we are going to ask. If you would like to be our next feature, we would love to hear from you. Please reach out to our Editor and Executive Vice President, Morgan Perrill at 317-450-0342 or via email at mperrill@indymedicalsociety.org.

Bob “The Adventurer” dressed as the Gorton Fisherman while battling challenging weather conditions on Lake Erie in order to capture the “illusive” and “majestic” Walleye.
WELCOME NEW MEMBERS

Sunil S. Tholpady, MD
Diagnostic Radiology
IU Health Physicians
1481 W 10th St.
Indianapolis, IN 46202-2803
Plastic Surgery
University of Virginia School of Medicine, 2005

50 YEAR MEMBERS

Nini M. Bermudez-Webb, MD
Glenn J. Bingle, MD
Louis D. Bojrab, MD
David L. Brown, MD
Randall L. Caldwell, MD
Amy A. Cheung, MD
William J. Elliott, MD
Barry M. Glazer, MD
Charlene E. Graves, MD
C. William Hanke, MD
Malcolm B. Herring, MD
Robert E. Holt, MD
Douglas F. Johnstone, MD, JD
David A. Josephson, MD

Jeffrey J. Kellams, MD
Donald H. Lauer, MD
Roger R. Lenke, MD
Owen H. Lucas, Jr, MD
W. Michael McCune, MD
Martin P. Meisenheimer, IV, MD
Andrew L. Morrison, MD
F. Michael Mullinix, MD
James J. Nocon, MD
Robert J. Robinson, MD
Rudolph Y. Rouhana, MD
John R. Scott, MD
The spine—like the brain and nerves—plays a crucial part in health and well-being. Trust Indiana's most accomplished and progressive brain and spine physicians to restore what matters most for your patients.

GoodmanCampbell.com | Call us at: 317-396-1300
TOD C. HUNTLEY, MD

Tod C. Huntley, MD, Ascension Center for Ear Nose Throat & Allergy (CEN- TA), is principal investigator in an international FDA clinical research trial for a new hypoglossal nerve stimulator for obstructive sleep apnea. The DREAM trial (ClinicalTrials.gov Identifier: NCT03868618) is a multicenter study to assess the safety and effectiveness of the Genio dual-sided hypoglossal nerve stimulation system for the treatment of obstructive sleep apnea in adult subjects, and is sponsored by Nyxoah S.A. The Genio device is a permanent neurostimulator that is already marketed in Europe and Australia. It is implanted in the chin area and delivers stimulation to both hypoglossal nerves. The implant does not include a battery or an embedded software and is externally powered and MRI compatible. The study is actively enrolling subjects through the end of the calendar year, and to date Dr. Huntley has successfully implanted 5 subjects. Inclusion criteria include BMI <32 kg/m2, AHI 15-65, intolerance or failure of adherence to positive airway pressure (PAP) treatments, and no inadequately treated sleep disorders other than OSA. For further information, visit nyxoah.com. If you may have a potential subject for the study, call 317-926-1056 to reach Dr. Huntley or study coordinator Brandon Boyd, PA-C.

STEPHEN W. PERKINS, MD

Stephen W. Perkins, MD, of Meridian Plastic Surgeons, presented a lecture on the topic of “Facelift” at the recent Indiana University School of Medicine 106th Annual Course on Anatomy & Histopathology of the Head, Neck & Temporal Bone.

RICK C. SASSO, MD


IN MEMORANDUM

CHARLES H. HELMAN, MD

Dr. Charles Hayn (Chuck) Helmen, age 92 who died on September 5, 2021. Chuck was a devoted husband, a loving and giving father, grandfather and great-grandfather; a generous philanthropist, a master carpenter, a terrible golfer; a physician and a veteran. Dad was born on March 19, 1929 in South Bend Indiana. A precocious youth, Dad enrolled at Indiana University at the age of 16 eventually graduating from its School of Medicine. He met the love of his life Marion (Shafer) Helmen while completing his residency in Denver Co. Dad served as a Captain in the Air Force. Dad spent the first half of his career working in academic medicine giving back to future doctors who remained grateful to him. He then went into private practice as a radiologist at St. Francis Hospital. IMS Member since 1959.
## Monthly Events

<table>
<thead>
<tr>
<th>Week of the Month</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Week of the Month</td>
<td>Community North: Breast Cancer Conf. 7-8 am</td>
<td>Community East: CHE Admin Conf. 12-1 pm</td>
<td>Community North: Psychiatry GR 12:30-1:30 pm</td>
<td>Community North: Forum 7-8 am</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community North: Chest Cancer Conf. 7-8 am</td>
<td>Community Heart &amp; Vascular: Imaging Conf. 7-8 am</td>
<td>Community South: South Case Presentations 12-1 pm</td>
</tr>
<tr>
<td>2nd Week of the Month</td>
<td>Community East: Medical GR 1-2 pm</td>
<td>Community North: GI/Oncology Conf. 7-8 am</td>
<td>Community Heart &amp; Vascular: M&amp;M Conf. 7-8 am</td>
<td>Community North: Gynecological/Oncology Conf. 7-8 am</td>
</tr>
<tr>
<td></td>
<td>Community South General CHS 12-1 pm</td>
<td>Community North: Breast Cancer Conf. 8-9 am</td>
<td>Community South: Breast Cancer Conf. 12-1 pm</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>St. Vincent: Neonatology GR 12-1 pm</td>
<td>St. Vincent Simulation Center: Pediatric GR 12-1 pm</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>St. Vincent Womens: Neonatology GR 12-1 pm</td>
<td>St. Vincent Womens: Neonatology GR 12-1 pm</td>
<td></td>
</tr>
<tr>
<td>3rd Week of the Month</td>
<td>Community North: Breast Cancer Conf. 7-8 am</td>
<td>Community North: Psychology GR 12-1 pm</td>
<td>Community North: Melanoma 7:30-8:30 am</td>
<td>Community North: GU Conf. 7-8 am</td>
</tr>
<tr>
<td></td>
<td>Community South: South Thoracic 8-9 am</td>
<td>Community Heart &amp; Vascular: CV Conf. 7-8 am</td>
<td>Community Heart &amp; Vascular: CV Conf. 7-8 am</td>
<td>Community South: South Case Presentations 12-1 pm</td>
</tr>
<tr>
<td></td>
<td>Community South: South Molecular 5-6 pm</td>
<td>St. Vincent Heart Center: Cardiac, Medical, Surgery 7-8 am</td>
<td>Community North: GI/Oncology Conf. 7-8 am</td>
<td></td>
</tr>
<tr>
<td>4th Week of the Month</td>
<td>Community East: Breast Cancer Conf. 7-8 am</td>
<td>Community North: GI/Oncology Conf. 7-8 am</td>
<td>St. Vincent: Advanced Heart Failure 7-8 am</td>
<td>Community North: Forum 7-8 am</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community Heart &amp; Vascular: Disease Manage Conf. 7-8 am</td>
<td>St. Vincent: Surgery Didactics 7:30-8:30 am</td>
<td>Community South: South Case Presentations 12-1 pm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>St. Vincent: Surgery M&amp;M 6:30-7:30 am</td>
<td>St. Vincent: Surgery M&amp;M 6:30-7:30 am</td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td>St. Vincent Womens: Perinatal Case 7-8 am</td>
<td>St. Vincent Womens: Perinatal Case 7-8 am</td>
<td>St. Vincent: Perinatal Case 7-8 am</td>
<td>St. Vincent: Perinatal Case 7-8 am</td>
</tr>
</tbody>
</table>

## Weekly Events

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

## 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.

Online activities, visit: [https://iu.cloud-cme.com](https://iu.cloud-cme.com)

**DECEMBER**

13-16 IU Radiology Imaging Update at Disney World

Please visit [https://iu.cloud-cme.com](https://iu.cloud-cme.com) for a list of Regularly Scheduled Series (RSS) activities.

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.

To submit articles, Bulletin Board items, CME & events, opinions or information, email ims@imsoline.org. Deadline is the first of the month preceding publication.
Officers 2021

President
LINDA FEIWELL ABELS

President-Elect/Vice President
ANN MARIE HAKE

Secretary/Treasurer
JODI L. SMITH

Immediate Past President
ERIC E. TIBESAR

At-Large
JOSEPH WEBSTER, JR.

Board Chair
MERCY O. OBEIME

Vice Board Chair
ANN C. COLLINS

Board of Directors 2021

Terms End with Year in Parentheses

Mercy O. Obeime, Chair and Ann C. Collins, Vice Chair

Rania Abbasi (2021)
Ann C. Collins (2021)
Julie A. Daftari (2022)
Richard D. Feldman (2022)
Ronda A. Hamaker (2023)
Mark M. Hamilton (2021)
Doris M. Hardacker (2023)
Brian S. Hart (2023)
Mercy Hylton (2022)
Penny Kallmyer (2021)
Jeffrey J. Kellams (2021)
Clif Knight, Jr. (2023)
John E. Krol (2023)
Ramana S. Moorthy (2023)
Thomas R. Mote (2022)

Chair and Ann C. Collins, Vice Chair

Alternate Directors
Mercy O. Obeime (2023)
Scott E. Phillips (2023)
Bui Tran (2022)
Maureen Watson (2022)
Joseph Webster, Jr. (2022)

Past Presidents' Council 2021

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

Christopher D. Bojrab* (2023)
Carolyn A. Cunningham
David R. Diaz
Marc E. Duerden

John C. Ellis
Bernard J. Emkes
Bruce M. Goens
Paula A. Hall

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

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

John P. McGoff 2017-2018
Jon D. Marhenke 2007-2008
Bernard J. Emkes 2000-2001

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)
Doris Hardacker (2021)
Caitlin J. Harmon (2023)
David A. Josephson (2023)

Mark M. Hamilton (2022)
Richard D. Feldman (2022)
Robert S. Flint (2021)
Bruce M. Goens (2022)
Ann Marie Hake (2022)
Ronda A. Hamaker (2023)

Linda Feiwell Abels (2021)
Christopher D. Bojrab (2021)
Ann C. Collins (2021)
Carolyn Cunningham (2022)
Julie A. Daftari (2023)
John H. Dibeler (2021)

TBD
Mercy Hylton (2022)

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.

Kathryn Kelley (2023)
James Leland (2022)
Christopher Merritt (2021)
Martina F. Mutone (2021)
Scott E. Phillips (2022)
Richard M. Storm (2021)

Glenn A. Tuckman (2021)

Indiana State Medical Association

Executive Committee
Board Chair
David R. Diaz

Seventh District

Trustees
David R. Diaz (2023)
Robert Flint (2024)

Alternate Trustees
Mercy Hylton (2022)
TBD

President
Mercy Hylton (2022)
The final section of waterfront lots in Cambridge at Geist Lake is now available!

YOUR WATERFRONT PROPERTY IS WAITING

BUILD YOUR DREAM HOME

Find it on the shores of Geist Lake or on Lake Clearwater and Lake Killbuck in Anderson. We are excited to present the final section of waterfront lots for sale in Cambridge on Geist Lake. Find your perfect lot while they last and own the lake lifestyle for yourself.

Contact Rob Bussell for lot availability, pricing and to discuss financing.
(317) 845-0270 ext. 104  |  Rob@RobBussell.com
MARINALIMITEDLAND.COM