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On the Cover: Read about two TCMS members who travel the world, on page 14.
from the President

A Tale of Two Meetings

I recently attended two very different meetings, with two very different agendas, all in the name of medicine and health care. The first one, TexMed, is familiar to a lot of you due to your involvement in TCMS or TMA. TexMed was held in San Antonio May 18-19 and had a full line-up.

One of the highlights was the keynote presentation by Dr. Zubin Damania aka ZDoggMD. Dr. Damania was an internist at Stanford and has quite the following on social media. His standup routines and parodies provided a much-needed relief before all the serious discussions planned for the weekend. But in truth, Dr. Damania’s ZDoggMD routines actually address very serious issues in our health care delivery system, using original comedy as the sugar that helps the medicine go down. If you haven’t had a chance to watch his videos, you might want to check out his website and YouTube channel.

Another highlight was seeing our own Dr. David Fleeger be elected by acclamation of the House of Delegates as President-Elect of the TMA. David has faithfully served both TMA and Travis County for his entire career and we should all be proud of this accomplishment. As TMA president, Dr. Fleeger will be a great asset and voice of reason during these turbulent times in medicine. I could not think of anyone more fitting or more prepared for the role and I know we all wish him the best.

I also had a chance to visit with Dr. Bruce Malone, a retired Austin orthopedist and a past-president of TMA. It was good to see Bruce and Libby enjoying some down time at TexMed and seeing the fruits of their labor. He’s had a very special career in organized medicine and will always be a source of wisdom and leadership in our community.

Finally, as a 2010 participant myself in the TMA Leadership College (TMALC), I visited with some of the recent graduates and was glad to see the program is thriving. The TMALC is a great way for future physician leaders to gain an understanding of how organized medicine works at both the local and state levels. I would highly encourage young physicians interested in getting more involved to apply.

I left TexMed 2018 impressed that our Texas Medical Association, with over 50,000 members, is a force to be reckoned with and a shining example of what physicians can do when we’re unified.

For the second meeting, I ventured east for an eye opening experience at the Wall Street Journal Health Care Forum in Washington, DC. When I first heard about it, I was fascinated with the line-up of speakers: the head of Aetna; former Surgeon General; the head of the FDA; and the director of the President’s Domestic Policy Council, among others. I went with an open mind, wanting to know more about how industry, government, hospital associations, big pharma, and academia viewed the changing health care landscape.

The one day meeting was well run, with panel discussions moderated by the health reporters from the Wall Street Journal. I noticed right away that this was mainly a gathering of institutional and corporate players in health care—large companies and high profile institutions with major presences in big cities. One of the better sessions was on value-based health care with Steven Corwin of New York-Presbyterian and...
To be honest, it wasn’t all bad. I found the meeting interesting and thought provoking. There were a lot of really smart people there that I do think will influence how we engage and think about health and health care. I felt informed at least about what big business and big pharma are thinking.

But I also caught another tone; one of caution, mostly heard in conversations initiated by the few physicians in the room. As you can imagine, the world of gene editing, medical software, and drug development and research can be exciting and sometimes even intoxicating when it comes to the money involved. But it often clashes with the reality of the world we inhabit as physicians on the ground, doesn’t it? There almost seems to be a misguided hope that maybe someday we won’t need humans at all to alleviate human suffering. Regina Benjamin, the former Surgeon General under President Obama, who currently coordinates a rural health practice in Alabama, had some interesting comments on this.

At the end of the day as I was getting ready to head out, a young reporter sat down next to me and introduced herself. I told her where I was from and that I was a private practice surgeon from Austin trying to learn more. “Oh,” she said, “You’re a doctor?” as if she were really thinking, “What are you doing here?”. Oh the world we live in!

So there it is: two very different meetings, two very different agendas, from two very different worlds—all in the name of medicine and health care. Maybe some good will occur when these worlds eventually collide.

Jeffrey M. Apple, MD
TCMS President
TexMed 2018 was held in San Antonio and TCMS had a healthy number of members there to assist with delegation activity, get updates on the state of medicine and induct the new TMA officers. Highlights include the election of TCMS member David Fleeger, MD as TMA president-elect (below left) and the graduation from the TMA Leadership College of five TCMS physicians (top right). Dr. Zubin Damania aka ZDoggMD (lower right) was the opening speaker.

The TCMS spring Weekend Warm-Up, held at Top Golf, included some good natured competition, good food and great company!
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There is nothing quite like the Fourth of July. If it included football it would be my favorite holiday, but that belongs to Thanksgiving. The heat, swimming pools, ice cream. What’s not to love? Quite the country we live in isn’t it? It got me thinking recently about a friend of mine, Dr. Dina Tebcherany.

In 1976, Lebanon was in the middle of a civil war. A former French colony, its independence was now threatened by fighting between a multitude of religious groups. It was not a safe place to be, especially for a man with a wife and three young daughters. This Eastern Orthodox family decided to leave and seek safety in the United States.

The family ended up in Syracuse, NY of all places. I don’t know about you, but as I recall Syracuse is awfully close to Canada, and it gets cold in the winter. I don’t think Lebanon gets quite so nasty. The family settled and thrived for several years before it was time to make a change. The cold was too hard on the mother, who suffered from asthma and needed a warmer climate. The Tebcheranys moved to Austin and this is where their Texas story begins.

Dina Tebcherany, MD is an oncologist with Texas Oncology. In fact, she was the first female oncologist in Austin. She was one of the three little girls mentioned above who had to leave their native Lebanon for safety. Her dad was an architect and land surveyor. Her mother was Syrian, originally from Damascus. The Tebcheranys settled in South Austin and did well. The girls left home and went to college, Dina selected Texas State University as it was close. She tutored French and waited tables at a local restaurant in her spare time to make extra money.

Dina’s journey into medicine started at South Austin Medical Center, where she now practices. After college, she worked in the front office with her sister. She enjoyed the administrative job but realized she could do more. Having majored in biology and chemistry, she decided to apply to medical school, but soon found that the application process does not favor those who realize their dreams late. She was wait-listed at several schools but was accepted into the Universidad Autonoma de Ciudad Juarez, in Mexico. Her future father-in-law, Dr. Nassour, who practiced in El Paso, was intimately involved with the medical school and its training of students and encouraged her to accept. There was one catch; all classes were taught in Spanish! Though Dina spoke French, Arabic, and English; Spanish wasn’t on the list yet. But she decided to accept and off she went.

I want you to think about that just a minute. How many of us would go away to med school, in another country, with classes taught in a foreign language? I would say that takes courage and that is something Dina has in spades . . .

She succeeded in Juarez—graduating first in her class all the while completing her required volunteer and community work. Even though it took five years, she was now also fluent in Spanish. Relocating to San Antonio, she began her residency in internal medicine as a newlywed after a 10-year courtship with her husband Jimmy, who remained practicing law in Austin.

The story of how she got into residency is also worth telling. UT San Antonio didn’t quite have enough spots to
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Dear Travis County Medical Society,

My name is Bonnie Du, and I am one of this year’s Minority Scholarship Recipients, as selected by the Texas Medical Association. I will soon begin my medical education at the Dell Medical School at UT Austin. Becoming part of a small cohort of fifty students at a new medical school, I cannot deny that I was conflicted when making my decision. Although accepted at more established institutions, I chose to attend Dell precisely because of its mission to rethink healthcare and its delivery.

My distinct upbringing has led me to pursue a career in medicine, and my life experiences since then have shaped the kind of doctor I hope to become. The product of a Mexican mother and a Chinese-immigrant father, I was raised in Brownsville, Texas with two very different cultures in constant conversation and conflict. This background and my hometown’s location on the border have allowed me to attain a deep understanding of life at the intersection of various social factors. I have since come to see how the confluence of these factors may lead to morbidity, a lack of choice, and even death.

While at the University of Notre Dame, I took advantage of a variety of programs that allowed me to work with those most often marginalized by society. Beyond my literature-based majors in English and Spanish, I made a concerted effort to engage with diverse communities including those struggling in poverty, enduring incarceration, living with disability and dealing with addiction. I sought out these experiences because I related to that feeling of being on the outside. My times abroad in Mexico and Ecuador brought to light further how heavily the cultural impacts the clinical, and from there, I encountered a passion to work with the underserved—particularly those of Latino communities. After graduating from Notre Dame, I have since been working at a health center in South Bend, Indiana that serves patients without health insurance—most of which are undocumented immigrants. This year has been formative in not only my medical school decision process but also in building a well of compassion for those without access to quality health care.

While at Dell, I hope to explore my interest in health policy and community health. Dell’s innovative spirit and location in the Texas capital will allow me to do so in a unique way. Scholarships from both Dell and the Texas Medical Association, made possible by your generous donation, will give me the space to pursue my passions more fully. I hope to give back to not only my family who has wholeheartedly supported me but also to Texas communities in need. As someone interested in a career in primary care, I am grateful that my future specialty choice will not be driven by financial factors as they might have been were it not for this scholarship. Thank you for your contribution to my further career in medicine. During my next four years, I hope to be engaged with the Travis County Medical Society and its physician members.

Sincerely,

Bonnie Du

Bonnie received a scholarship from the TMA Foundation during TexMed. Pictured with TCMS board member Nancy Foster, MD.
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Meet Drs. Juan Guerrero and Vanessa Chiapetta, pediatricians with the Austin Diagnostic Clinic. They are not fools and have figured out that traveling together is better than traveling alone. Friends since medical school, their first vacation together was a three week tour of Europe in 1989. And for the past 29 years, they have continued exploring the world together.

Most of us have been on jaunts, short or long, where we have regretted our choice of companions. Articles about selecting a complementary personality are numerous, as it can make or break a trip. Seasoned travelers know there are important areas where one must agree and areas where differences are an advantage. “We put up with each other,” Dr. Chiapetta says laughingly. But it’s more than that—theirs is a partnership with flexibility and respect.

“He respects when I need down time and when I’ve seen enough churches,” she says.

“And I want to see everything, so I have no problem going ahead without her,” Dr. Guerrero adds.

As I sat with the two of them, it was impossible not to notice and appreciate the comfortable banter and rapport they have. Often, they finish each other’s sentences and talk over each other—this is a relationship with roots.

Their differences allow for space and great anecdotes. For example, Chiapetta is a passionate birder—she will drop everything to see an unusual bird. On a trip to Costa Rica, she was told about a specific eagle that had a nest at the top of a hill. The frequent rain made the hill very slippery, but she was determined. “Normally she is cautious about climbing—but she broke the Olympic record scaling that slippery hill to see a bird!” chuckles Guerrero. “She got up there only to find an empty nest and slipped in the mud all the way back down.”

“If it weren’t for him, I would not go anywhere,” Chiapetta says with a laugh. She readily admits to being a more cautious traveler—and someone who doesn’t like flying. “But I have never regretted a single adventure.”

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Argentina, Bali, Italy, Peru, Brazil, Prague, Scandinavia, Greece, Turkey, Singapore, Hong Kong, Galapagos, Australia, New Zealand, Antarctica, Kenya, Spain... they enthusiastically called out numerous destinations as they thought of them and I’m sure I didn’t catch them all. Still on their list are Croatia, Portugal, India, Nepal, and Bhutan.

In 2017, the two of them were added to a special roster: They joined the ranks of those who have set foot on all seven continents. Of the world’s adult population as a whole, only 0.02% have achieved this (and that’s probably a considerable overestimate).

The reason behind the difficulty in accomplishing this feat is Antarctica. It takes four days to get there and it requires six layers of clothing at all times and roughly three weeks of vacation.

“It was quite the journey, but was awe inspiring,” says Guerrero. “The landscape is so minimal, so pristine and quiet.”

“We were in a ten person Zodiac and there were orcas swimming around us! And I saw one of my favorite birds, the Macaroni penguin in its natural habitat.” exclaimed Chiapetta.
I never knew of a morning in Africa, when I woke up and was not happy—Ernest Hemingway

As amazing as Antarctica was, both agree that Africa has been their favorite destination to date. “The most inspiring sight is the African sunset with the animals,” says Guerrero. Chiapetta adds, “I thought the hot air balloon ride over the African landscape was unbelievable too.”

But it’s not just the landscape that makes the experience in Africa stand out. The people are warm, happy, and unforgettable. “I fell in love with the people of Africa,” says Guerrero. “They have nothing and are happier than we are.”

Just like any destination, there are dangerous areas. During one visit, Nairobi was in political turmoil. Guards with machine guns were everywhere and curfews were enforced. When Guerrero was trying to get to the airport, the traffic was so bad; it took eight hours to go 20 miles. “We drove on sidewalks—it took one hour just to merge onto a roundabout! I really thought I would miss my flight.”

To travel is to live—Hans Christian Andersen

Each year these two plan an international trip. They figure they will save the domestic travel for when they are older. As Dr. Guerrero explains, “While we are young enough to walk the cobblestones, hike Andorra and Machu Picchu, now is the time to do it.”

Chiapetta adds, “Domestic travel is easier, less expensive, and less time consuming, and there is a lot to see in the US.”

So what’s on the books for 2019? They have planned a trip to Japan for the springtime cherry blossom festival or Hanami (viewing flowers in Japanese). Because the blooms last only two weeks, they are symbolic of the impermanence of beauty. Japanese performing arts, regional crafts, and food under the blossoming trees attract people from all over the world.

There is a unique tradition these two have made a part of their adventures. The “Happy Dance”—a short, choreographed jig they perform when they reach key destinations. Family and friends wait for the Facebook video posting during each of their journeys. From the top of the Sydney Harbor Bridge to the shores of Antarctica, the world has been graced by this demonstration of joy and true friendship.

If you reject the food, ignore the customs, fear the religion, and avoid the people, you might better stay home—James Michener

Don’t even begin to think that these two explorers sit and stare out of luxurious cruise ship windows during their travels. For them, it’s all about immersion. The trips they plan are with small tour companies that limit the number of travelers so the tours can include hands-on experiences. “We love the immersion into the populations of a culture,” explains Guerrero. “We like to see the children and families. We work with kids and like to see how they live everywhere we go.”

Guerrero’s caring ease with people is an international language. “There is no one story that comes to mind about my travels with him. They just add up to his wonderful sense of gratitude and his compassion for people and especially children of all cultures,” says Chiapetta. “From our travels to Ecuador, Peru, Africa, etc. he has always had a special way with the children.”

Never a pair to ignore a native experience, they are willing to try almost anything. Getting that authentic taste of a culture can result in some odd menu items. Some of the strangest edibles from their travels have been chicken feet dim sum in Hong Kong (claws included), guinea pig in Peru, and rooster testicles in Greece!

Travel Tips from Dr. Guerrero

1. Be flexible
2. Make copies of your passport and your travelling partner’s passport. Take one copy and leave a copy at home.
3. Respect the customs/beliefs of the countries you are traveling to. Enjoy the culture.
4. Always get travel insurance.
5. Do everything you want (can) on your trip, since you may never get to go back.
6. Pack toilet paper. Sometimes it’s not available, it’s too different or it costs money.
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Gretchen Runge, MD, 94, passed away on May 9. She was born in Ann Arbor, Michigan but grew up in Mississippi, New Orleans, and Galveston. She was an exceptional student who graduated from UT Austin (Phi Beta Kappa) and medical school at Galveston (Alpha Omega Alpha). Dr. Runge completed her training in pediatrics at the University of Rochester, a tour of duty at the Pentagon, Defense Atomic Support Agency, and eventually a radiology residency at San Diego Naval Medical Center where he subsequently served as a radiation oncologist until his discharge in 1972 as a Lieutenant Commander. He practiced with Austin Radiological Association, eventually serving as president of that group for 17 years until his retirement in 2011.

TCMS member and colleague Dr. Neil Rutledge notes that Dr. Hill was an extremely effective and farsighted leader of ARA who was able to strategically position his group both in terms technology and the evolving and complex health care landscape in a way that resulted in ARA being one of the largest and most respected radiological groups in the entire nation. All of this, he recalls, Dr. Hill accomplished during a life punctuated by extreme health challenges. Dr. Hill survived two ruptured thoracic aneurysms, three open-heart surgeries and a three week coma among other health problems. A colleague noted after his passing that at one point while being evaluated in a small medical facility after a skiing accident he insisted on a chest x-ray, read it himself and diagnosed an aortic dissection prompting an immediate and lifesaving evacuation to a medical facility capable of responding to a typically fatal event. He enjoyed worldwide travel, family time, and tailgating at Aggie football games. He is survived by his wife Barbara Ann Hill, five children/stepchildren and 10 grandchildren.
Dr. John Pendleton “Pete” Vineyard, 87, passed away on May 13. A native of Helena, Arkansas he attended the University of the South at Sawanee before medical school and completed an internal medicine residency at Southwestern in Dallas. Following his residency, he did a fellowship in infectious diseases under the renowned Dr. Jay Sanford. When he relocated to Austin in the early 60s he was the first to bring infectious disease subspecialty skills to the growing medical community. He supervised a tuberculosis clinic that operated in Austin and traveled to outlying Central Texas hospitals to share his expertise with medical communities and hospitals in need. Dr. Vineyard was one of the earliest partners of The Austin Diagnostic Clinic, but left in 1971 for a solo practice in internal medicine. He later practiced with Dr. Tom McHorse and Dr. Nancy Foster until he retired, having practiced for 40 years in Austin.

As president of the medical staff of the old Seton Hospital, he helped plan the current Seton Medical Center, and with it brought significant advancement to medical care in Austin. Dr. McHorse recalls Dr. Vineyard’s care of his patients as being greatly appreciated, particularly for his remarkable efficiency that kept him on time seeing patients and returning their calls. Dr. Vineyard is survived by his wife MaryAnn, four children, 14 grandchildren, and two great-grandchildren.

Memorial Gifts
Consider honoring a colleague or friend by donating to the TCMS Foundation Physician Wellness Program.
Contact Belinda Clare at 512-206-1250 or pwp@tcms.com

Archie Whittemore, MD, 77, passed away on May 17. Born in Deadwood, South Dakota he grew up in a tightknit family and his youth was spent in the outdoors hunting, camping and working on a family homestead as a hired hand and treasured family companion. He attended the University of South Dakota where he worked as a “house boy” in a sorority house and there met and fell in love with his future wife, LaNyce Kahler, who grew up in a neighboring town in the Black Hills. He was in the first graduating class of the new medical school at San Antonio. He completed an internship in St. Paul, Minnesota then served in the US Army at Darnell Army Hospital. After his Army service, the Whittemores returned to San Antonio where he did his surgical and orthopedic residencies. Dr. Whittemore practiced for four years in Boulder, Colorado before moving to Austin where he practiced with The Orthopedic Group and then Texas Orthopedics for over 30 years, retiring in 2014.

He served in leadership positions in various professional organizations including a term as president of the Texas Orthopedics Association and he was very active in the Texas Rocky Mountains Elk Foundation. After his children were grown, Dr. Whittemore spent many happy days at his beloved ranch where he built a barn, gun range, and blue bird houses, grazed some longhorns, planted wildflowers, and tinkered with antique tractors. His years in retirement were spent in close relationships with his family with many skills and life lessons passed on to his grandchildren during their visits to the family ranch. He is survived by his wife LaNyce, two children and four grandchildren.
accept Dina into categorical medicine and she did not want to go to California, her second choice—it was just too far from home. So on Match Day she marched down to UT San Antonio, waited for the program director outside his office and introduced herself. Impressed by her drive, the director gave her an impromptu interview and, several hours later, she was offered a spot to begin her training. Some things you just can't describe on paper, right?

Dina’s journey into oncology was strongly influenced by Dr. Geoffrey Weiss at UT San Antonio. An esteemed oncologist with a kind and compassionate bedside manner, she felt that this was the kind of physician she wanted to be.

By the time she finished her training and began to look for a job, Dina had two daughters and a devoted husband, Jimmy. Her roots and family were in Austin and that’s where she wanted to be.

It’s at this point that Texas Oncology comes into the picture. Dr. John Sandbach paged her and offered her an interview. If she accepted, she would be the first and only female oncologist in Austin. She loved the sound of it but she was determined be able to take care of her girls in the afternoons. Texas Oncology felt she was worth it and gave her a flexible schedule. She soon made partner and has never looked back.

I had a chance to hear Dina’s story in the presence of her husband and her daughters (her son was attending a summer junior leadership camp out of state), and I could see very quickly that the investment her partners made in hiring her was a good one. Her family—like her medical practice—is a beautiful reflection of who she is.

Dr. Dina Tebcherany represents what is good in medicine and what is now sometimes missing; compassion, love, and feeling. She practices with her heart on her sleeve. Her job is complex in practice but simple in design: take care of patients as best you can, treat them like family, and love them. If you saw Dina’s family interactions you would realize how lucky her patients are.

Dina spends what little free time she has serving at her church, Our Lady’s Maronite Catholic Church, and offering her services at the Volunteer Healthcare Clinic.

What a fascinating life journey she has had. A girl who fled Lebanon by way of Syria (that’s another story you should ask her about), to get to America, who then moved from New York to Texas, and went to medical school in Juarez. It would make one hell of a country song wouldn’t it?

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TCMA members attended the ALLMED conference in San Antonio in May where we celebrated the centennial anniversary of the Texas Medical Alliance Association. It has been 100 years since the first group of physician spouses organized to serve the family of medicine!

During the meeting, we were presented with the Alliance Innovation Award for our support and funding of the TCMS Physician Wellness Program. Travis County Medical Alliance won both of the raffles!

Pat Wallis won 50 helmets for Hard Hats for Little Heads and Vicki Blumhagen won $50 in Bee Wise Immunize merchandise! Congratulations to Kathy Trizna who was elected to the TMAA nominating committee.

Thank you to all who attended!

In June, TCMA members got together for a good cause! Several members and their children delivered items and set up an apartment for a family in need through the Saint Louise House. Thank you to everyone who helped transform the apartment into a home!

**Upcoming Events**

August 4 – Healthy Kids Day Event at the Volunteer Healthcare Clinic

August 22 – Book club – review of *Origin* by Dan Brown

September 18 – First general meeting

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Deaths by Suicide and Suicide Attempts in Austin/Travis County

Ashley Hawes, MPH; Philip Huang, MD MPH; Sarah Seidel, DrPH; Haruna Miyakado Steger, MS; and Jeff Taylor, MPH

Summary:
• During the 10 year period of 2008 through 2017, there were 1,260 suicide deaths that occurred in the City of Austin. The annual number of suicides ranged from 105 in 2011 to 143 in 2014.
• A person dies by suicide every third day in Austin.
• Emergency department encounters for suicidal-related behaviors in Austin metropolitan area hospitals for 2017 totaled over 5000, an average of approximately 420 per month or 14 per day.
• Every day a Travis County resident is discharged from a hospital following a suicide attempt.
• The economic cost of hospital stays from attempted suicides total $13.2 million per year for Travis County residents.

Background
Suicides impact all communities and populations in the United States. In 2016, almost 45,000 persons died by suicide in the US. For 2016, suicide was the second leading cause of death for those 10-14 years of age, 15-24 years of age, and 25-34 years of age.

Deaths by Suicide in the City of Austin
Figure 1 shows the number of suicide deaths in the City of Austin for 2008 through 2017. During this 10 year period, 1,260 suicide deaths occurred, an average of 126 per year or one every three days. The annual number of suicide deaths ranged from 105 in 2011 to 143 in 2014. A total of 126 persons died by suicide in 2016 and also in 2017.

Figure 2 presents the number of suicide deaths by gender and age group for 2013-2017. A majority (74%) of persons who died by suicide were males. The persons who died by suicide ranged from nine years of age to 94 years of age. Fifteen persons were 15 years of age or younger. Five persons were 90 years of age or older. Persons 20 to 49 years of age accounted for 60% of the suicide deaths. Within each age group, the number of males who died by suicide was greater than the number of females. In 2017, the suicide incidence rate for females was 6.8 per 100,000 population. For males, the rate was 19.6, almost three times higher.
Table 1 shows the number of suicide deaths by gender and race/ethnicity. Most (78%) persons who died by suicide in the City of Austin were Whites, followed by Hispanics (13%), Blacks (6%) and Asians (2%).

Table 2 shows suicide mortality by gender and the method of death. Forty-four percent of suicide deaths involved a firearm. Firearm discharge was the primary method for males (50%), followed by strangulation, suffocation, or hanging (32%), but for females, the primary method was either firearm discharge (27%), or strangulation, suffocation or hanging (25%), or medication toxicity (26%). Blunt force injuries were typically associated with jumping from a great height.

### Table 1. Number of Suicide Deaths by Gender and Race/Ethnicity, City of Austin, Texas, 2013-2017 (N=622)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Race/Ethnicity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White</td>
<td>Black</td>
</tr>
<tr>
<td>Female</td>
<td>128</td>
<td>11</td>
</tr>
<tr>
<td>Male</td>
<td>360</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>488</td>
<td>39</td>
</tr>
</tbody>
</table>

### Table 2. Percentage of Suicide Deaths by Gender and Method of Death, City of Austin, Texas, 2013-2017 (N=622)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Method of Death</th>
<th>Firearm discharge</th>
<th>Strangulation, suffocation, or hanging</th>
<th>Medication toxicity</th>
<th>Blunt force injuries</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
<td>44</td>
<td>41</td>
<td>42</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>232</td>
<td>145</td>
<td>34</td>
<td>30</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>276</td>
<td>186</td>
<td>76</td>
<td>49</td>
<td>35</td>
</tr>
</tbody>
</table>

### Hospital Discharges & Emergency Department Encounters

Emergency department chief complaint data for visits to an emergency room in the Austin metropolitan area from 2017 indicate there were over 5,000 suicide-related encounters during the year, an average of 420 per month or 14 per day.

Table 3 shows hospital discharges following an attempted suicide for Travis County residents by age group, location discharged to, and payment source.

From 2010-2014 there were 1,803 hospital discharges following suicide attempts among Travis County residents, an average of 360 per year, or one per day. Of these discharges, adults aged 18-44 accounted for 60%, followed by adults aged 45-64 (26%). There were 179 children (less than 18 years of age), approximately 22 per year, who were hospitalized following a suicide attempt. Fifty-eight

### Table 3. Hospital Discharges following Attempted Suicides, Travis County Residents, 2010-2014

<table>
<thead>
<tr>
<th>Age Group (in years)</th>
<th>Total Count</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17</td>
<td>1,803</td>
<td>179</td>
<td>10%</td>
</tr>
<tr>
<td>18-44</td>
<td></td>
<td>1,084</td>
<td>60%</td>
</tr>
<tr>
<td>45-64</td>
<td></td>
<td>469</td>
<td>26%</td>
</tr>
<tr>
<td>65-74</td>
<td></td>
<td>50</td>
<td>3%</td>
</tr>
<tr>
<td>75 and older</td>
<td></td>
<td>21</td>
<td>1%</td>
</tr>
<tr>
<td>Patient Status on Discharge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To psychiatric hospital or psychiatric section of a hospital</td>
<td>1,050</td>
<td>58%</td>
<td></td>
</tr>
<tr>
<td>To home or self-care (routine discharge)</td>
<td>549</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Left against medical advice</td>
<td>35</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>To other short term general hospital</td>
<td>26</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Died</td>
<td>25</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>To home health service</td>
<td>17</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>45</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Payment Sources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>521</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Private Health Insurance</td>
<td>430</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>317</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>281</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>253</td>
<td>14%</td>
<td></td>
</tr>
</tbody>
</table>

*Data source: Texas Hospital Discharge Public Use Data, 2010-2014
Notes: Missing frequency: discharge status (95), payment sources (4). Gender information is suppressed in discharge files due to confidentiality; KID coding changed in the middle of 2013, and coding for 2015 is not yet finalized.*
percent of individuals were discharged to a psychiatric hospital or the psychiatric section of a hospital and received further inpatient mental health care, while 30% were discharged to home or self-care.

Linkage to outpatient psychiatric or mental health services for individuals who have attempted suicide and are being discharged from the hospital are crucial. Integral Care offers adult, child, and family services for insured and non-insured individuals, including 24-hour crisis services including a hotline, mobile crisis teams, urgent care, and short term residential services. They further provide ongoing counseling to improve mental health, drug and alcohol treatment to promote recovery, and supportive housing to regain health and independence. For more information, visit their website: www.integralcare.org/en/home/ or by phone: 512-472-HELP (4357).

Talking to Patients about Depression, Suicidal Ideation, and Suicide

Table 4 includes several resources for physicians to screen and talk to patients about depression and suicide. Primary care physicians have a significant role in preventing suicide. The US Preventive Services Task Force (USPSTF) recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. Validated screening tools, such as the Patient Health Questionnaire (PHQ) or the Edinburg Postnatal Depression Scale (EPDS) for pregnant and postpartum women should be used. All mothers should undergo screening for depression at postpartum visits; even well-baby checkups can be utilized for screening mothers who may have missed an earlier screening or who need follow-up. Additionally, the USPSTF clinical guidelines recommend that all children between the ages of 12 and 18 should be screened for major depressive disorder. However, there is inconclusive evidence on the benefits or harms of screening children, adolescents, adults, and/or older adults for suicide risk specifically. For patients with increased risk of suicide, i.e. scoring high on screening tools or reporting active or passive suicidal thoughts, the American Association of Family Physician’s (AAFP) Immediate Action Protocol can be used (Available at: www.aafp.org/fpm/2009/0900/fpm20090900p17-rt1.pdf).

Patients with a positive screen on depression screening tools should receive referrals or further assessment to 1) confirm a diagnosis of depression, 2) determine severity or identify other mental health issues, and 3) provide treatment options and ongoing follow-up.

Special thanks to Laura Gold and Kathleen Casey with Integral Care for review of this article.

Sources
3. The Office of Vital Records, Austin Public Health, receives and processes birth and death records for the City of Austin. The City of Austin is primarily located within Travis County; however, portions of the city are located in Hays and Williamson Counties.
4. Suicide-related encounters included ED chief complaint indications of an attempt, or an indication of ideation, gesture, or the term “suicidal” with no indication of attempt, ideation, or gesture.
5. US Preventive Services Task Force. Recommendations on Screening for Depression in Adults, 2016. Available at: www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations

Table 4. Resources for Physicians - Screening & Talking to Patients about Suicide

<table>
<thead>
<tr>
<th>Screening for Depression – Sample Tools</th>
<th>Resources to Give to Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patient Health Questionnaire for Adolescents (PHQ-A) and Other Screening Tools: <a href="http://www.aap.org/aapc/Families_and_Youth/Resources/Centers/Depression_Resource_Center/Home.a">www.aap.org/aapc/Families_and_Youth/Resources/Centers/Depression_Resource_Center/Home.a</a></td>
<td>• National Suicide Prevention Lifeline: 1-800-273-TALK (8255)</td>
</tr>
<tr>
<td>spx#linkalresources</td>
<td>- Help is available 24/7 by phone in English, Spanish and for Deaf or Hard of Hearing.</td>
</tr>
<tr>
<td></td>
<td>- Help is available 24/7 by chat on their website: <a href="http://www.suicidepreventionlifeline.org/chat/">www.suicidepreventionlifeline.org/chat/</a></td>
</tr>
</tbody>
</table>

Further Resources for Physicians

- Texas Clinician’s Postpartum Depression Toolkit: www.texaschildrenshealthplan.org/sites/default/files/pdf/the_texas_clinicians_postpartum_depression_toolkit%20FINAL.pdf  
- CDC’s Suicide Prevention Information & Resources: www.cdc.gov/violenceprevention/suicide/index.html  
- AAPF Depression and Mental Health Resources (includes info to share with patients and parents of teens): www.aafp.org/patient-care/public-health/depression-mental-health.html  
- Preventing Suicide in LGBTQ Youth: www.amu-assn.org/delivering-care/preventing-suicide-lgbtq-youth  
For Sale: Hill Country Ranch, 3610 Welgehausen Road, 116 acres, 16 miles north of Fredericksburg, TX and 5 miles west of Enchanted Rock. A paved county road access and the original pioneer stone house. House has a state of Texas historical marker. The owner was attacked by Indians nearby in 1870. There is excellent deer hunting, turkey hunting and nice neighbors. For further information please contact Victor Nixon at Nixon Real Estate at 830-997-2187 or cell 830-889-2325.

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Equipment

For Sale: Antique medical examining tables. Three antique medical examining tables from 1940 by Philadelphia, PA Physicians Custom Built Furniture. Excellent condition made from solid hardwood and still has original hardware (handles, pulls and stirrups) with multiple drawers and storage. For more information call 512-658-5392 or 830-639-4647

For Sale: Vintage wooden examining table in excellent condition. Fully functional – two large drawers, cupboard space, head that raises, along with wooden stirrups that slide out. Price listed at $400 but willing to negotiate if interested. Please contact me for more information at drbonny@aol.com.

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