24% policyholder dividend
1% rate reduction

Effective January 2010

The Governing Board of Texas Medical Liability Trust has approved a 24% policyholder dividend for renewing TMLT policyholders and a 1% rate reduction for TMLT policyholders effective January 1, 2010. It is not too late to become eligible for this 2010 policyholder dividend. Become a TMLT policyholder by December 31, 2009, and you will be able to participate in the savings when you renew in 2010.

This is the fifth time TMLT has declared a policyholder dividend. The 24% dividend will amount to approximately $36 million in 2010 premium savings for TMLT insured physicians. This is the seventh consecutive rate reduction since the passage of House Bill 4 by the Texas legislature and Governor Rick Perry in 2003.

According to Dave W. Kittrell, MD, Governing Board Chairman of TMLT, once these rate cuts and dividends are implemented in 2010, TMLT insured physicians will have saved approximately $519.6 million since the passage of medical liability reform.

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Honfleur dock and shops. Normandy, France. Photo by Jim Reeves, MD.
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C. Mark Chassay, MD
President, Travis County Medical Society

The beginning of a new year has occurred once again and with that a new, new President’s Message. This is the dedicated column where each president is able to freelance thoughts; a sort of one-page bully pulpit if you will. This year, my “presidential themes” are challenge, competition, community, compassion, collegiality, and Congress. Yes, lots of “C” words to help remind us to “see” what we have, what we should do, and what happens looking forward.

As many of you know, I have had the privilege of being the team physician for intercollegiate athletes at The University of Texas at Austin for fourteen seasons. In this role, my eyes have witnessed many highs and lows both as a fan and a physician. Injuries or illnesses to student athletes who have worked so hard to succeed both on and off the playing field are always the valleys. The summits being great team play, healthy student athletes coming together as one, and of course always with a little luck, to win conference and national championships.

For me as a fan, it has been rough recently. Three of the teams that I have provided medical care for and traveled with in post-season competition the past seven months have come up short by just three innings, one set, and one quarter of winning the national championship in baseball, women’s volleyball, and football respectively.

After one of these recent championship losses, I was struck by a coach’s comments on finishing second. It will stick with me forever. He said essentially that the winners of this three-hour contest would move forward with their chest out and their head up and quite possibly thinking this was and will be the greatest thing to happen to them in life. But this coach has observed enough of his students who have moved on in life to lament that he worried about those teams that won the championship game. He said he never had to worry about those students on his runner-up teams.

They’re usually the ones that have done more with their respective lives after sports than the “winners” for one reason: the runners-up never, ever wanted to taste defeat like that again and subsequently would out-work anybody and everybody day-in and day-out in order to taste success.

But still, my empathy for those UT student athletes that had worked so hard to get, as most coaches say, “the opportunity” to play in the big game made me think back on my own successes and failures as a younger athlete. I challenged myself to ask some deep questions.

What did I learn from each event? Did I learn more from winning contests or from losing them? What did I do to challenge myself to improve? What would I do differently in preparation? On deeper reflection, did I apply these lessons to everyday life? The “I” above refers to the reader also. How would you answer these questions?

In delving back into my little league baseball career, my teams in those nine years finished second every year except the one year when my father did not coach me. Consequently, my father worked harder to challenge himself to be a better coach. He learned to draft better players. He learned to teach those not as gifted. What about me? I would take extra batting practice. I spent extra time with my pitchers so they would feel comfortable with me behind the plate. I would get my younger brother to cover second base so I could improve my throws from home plate. I wanted to be a better player and teammate.

The last emphasis is vital to team success. Being a better teammate means more than being a great player. Was I stubborn? Did I think I knew every answer? Was I closed-minded? I sure hope I was “coachable.”

As I begin a new year in a new role as TCMS President, I’d like to challenge each of us to reflect on the lessons learned from our successes and failures and their impact on our families, our work as physicians, and our beliefs. It is not always about “winning.” It is about the challenge, the opportunity, and the journey!

I challenge you to also write out your goals and use those as a guide for 2010. Grade yourself at the end of the year. Was I a better spouse and parent? Was I a better neighbor? As I aged another year, was I a better son/daughter? Did I lose that weight I needed to? Did I finally clean out the garage?

One of my professional goals is to be a good steward for our Travis County Medical Society that has been so vital to Central Texas for several generations. With that in mind I hope that it will transmit an even brighter beacon of light to summon those that have not been involved, starting with some of the great activities that are planned for 2010.

continued on page 8
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For those already involved, I salute your service and look forward to being a good teammate.

I am honored to have been selected as your leader for this coming year and hope to get to know you personally over that time. As an elected leader, one often only gets to hear complaints; but I encourage each of you to introduce yourself to me (via email, phone, or attending our events) if we haven’t met. Tell me about yourself and what you like (and dislike) about our profession or organized medicine. With that in mind, however, be prepared to be challenged to help with a solution for your specific issue and, most importantly, keep an open mind.

To contact Dr. Chassay:
mark.chassay@athletics.utexas.edu
mobile (512) 917-8394

For upcoming TCMS events see page 10.
BE AN OPINION LEADER

Early voting begins Feb. 16, and the March 2 primary is right around the corner. Show your support for medicine-friendly candidates, and get out the vote!

The 2010 election likely will be a referendum on how Congress should “fix” health care. As a trusted leader of your community, your opinion counts. Vote for medicine-friendly candidates, and encourage your colleagues, family, friends, and patients to do the same!

TEXPAC appreciates and endorses your TMA colleagues who have stepped onto the public stage, shown at right. Visit www.texpac.org to view the TEXPAC Election Primer for a complete list of TEXPAC-endorsed candidates.

JOIN TEXPAC! You can participate in the political process by joining our growing team of physicians, alliance members, residents, and students working together to defend patients and the practice of medicine. Contact TEXPAC at (800) 880-1300, ext. 1361, or go to www.texpac.org.
You and your spouse/guest are cordially invited to attend the
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Honoring

C. Mark Chassay, MD
2010 TCMS President
Mrs. Roberta Prazdral
2010-2011 TCMA President

Tuesday, March 9, 2010
6:30 pm Reception    7:30 pm Dinner

Red McCombs Red Zone
Darrell K Royal-Texas Memorial Stadium

RSVP by phone: 206-1249 or email: tcms@tcms.com

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Sarah I. Smiley, DO           Chair, Board of Ethics
Bruce A. Levy, MD, JD         Delegation Representative
James R. Eskew, MD            BTC Representative
Stephen S. Clark, MD

Upcoming TCMS events for 2010

January
21 – Dinner and Movie at Alamo Drafthouse SOUTH; movie – *American Graffiti*
26 – Business of Medicine Presentation - Dinner at TMA Thompson Auditorium

February
11 – Networking Social at North By Northwest
18 – Health Information Technology Vendor Fair at TMA Thompson Auditorium
23 – Business over Breakfast Presentation at Travis County Medical Society Boardroom

March
4 – Networking Social
9 – TCMS/TCMA Joint Installation, at Red McCombs Red Zone (UT Football Stadium – North end)
23 – Business of Medicine Presentation - Dinner at TMA Thompson Auditorium

April
8 – Business over Breakfast Presentation at Travis County Medical Society Boardroom
16 – Family Social

May
6 – Networking Social
20 – Business of Medicine Presentation - Dinner at TMA Thompson Auditorium

June
10 – Business over Breakfast Presentation at Travis County Medical Society Boardroom
22 – Networking Social
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TCMS Welcomes New Friends of the Society

The Travis County Medical Society is pleased to announce the recent addition of Cedar Park Regional Medical Center, Contego HIM and Independent Bank to the Friends of the Society Program. With the commitment and support of these sponsors, TCMS is able to bring its members numerous educational, networking and social opportunities.

Cedar Park Regional Medical Center – A hospital designed around the needs of patients, visitors, physicians, and employees, where clinical expertise and advanced technology blend seamlessly with sincerity and compassion. www.cedarparkregional.com

Contego HIM – With over 10 years of health care technology and practice management experience, Contego addresses the specific information management needs of health care providers and firms in the common goal of improving productivity, controlling costs, and protecting patient and client information. www.contegohim.com

Independent Bank – Whether you are a single practitioner, a hospital, or somewhere in between, Independent Bank provides a wide spectrum of on-call, customized banking solutions tailored to sophisticated personal and business banking needs. www.independent-bank.com

Life Membership is granted to those physicians who have been a dues paying member of organized medicine for 35 years, of which 25 years must have been dues paying years in the Texas Medical Association and its component county medical societies, and who have reached a point of comparative inactivity in the practice of medicine, as determined by the Society. Upon nomination from the Board of Ethics, the TCMS Executive Board elected the following to Life Membership:

  Ronald Manicom, MD
  Donald Patrick , MD

Dr. Tanuj Nakra, was the keynote speaker for the Australasian Academy of Facial Plastic Surgery’s fall meeting in Queenstown, New Zealand.

Retired Membership is granted to those physicians who have retired from the active practice of medicine. Upon nomination from the Board of Ethics, the TCMS Executive Board elected the following to Retired Membership:

  Michele Gilbert, MD

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Carey Legett, Jr., MD passed away on January 7, 2010. Dr. Legett was born January 29, 1918 in Port Lavaca. He graduated from Port Lavaca High School, Victoria Junior College, the University of Texas at Austin, and the UT Medical Branch in Galveston.

Dr. Legett served as a flight surgeon during WW II in the China-Burma-India theatre attaining the rank of Major at the age of 26. He was decorated with the Air Medal Bronze Star Medal, two campaign stars, two Presidential Unit Citations, and the Memorial War Medal by the Republic of China.

After military service he received specialty training in New York and New Jersey in Ophthalmology and moved to Austin in 1949. Dr. Legett worked voluntarily in the clinic at Brackenridge Hospital for 20 plus years and was Chief of Service two different times at both Brackenridge and St. David’s Hospitals.

Dr. Legett and wife Georgia Legett, MD spent many years traveling the globe, visiting all seven continents as well as all 50 states. Dr. Legett also climbed all 13,000 and 14,000 ft. mountain peaks in the Rocky Mountain National Park. Our condolences to the family and friends of Dr. Carey Legett.
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- Pregnancy – Swelling and Leg Pain

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LOCATED IN THE MUELLER COMMUNITY AT I-35 AND 51ST
Mark Chassay, the new president of TCMS, was drawn to medicine at the age of twelve by a summer of almost daily visits to his grandfather who was hospitalized with lymphoma. “I knew I didn’t want to be an oncologist,” he says with a rueful smile, “but being a doctor did strike me as a noble profession.” His father, who worked for NASA at the Johnson Space Center, had wanted to be an ophthalmologist himself, and both parents supported their son’s interest in medicine.

He graduated valedictorian of his class at J. Frank Dobie High School in Houston, where he lettered in baseball and football, sports which lead to some additional contact with physicians. An elbow-to-mouth injury in off-season football caused his teeth to go through both upper and lower lips and to require realignment. Twenty-five years later he says, “I still have my dead front tooth. It just won’t fall out!” During football season his sophomore year, he suffered a brief back injury, and was surprised two years ago when it was retroactively diagnosed as spondylosis with spinal stenosis. Despite the injuries, he says he played contact football from third grade through twelfth and never missed a game.

Expecting that he’d have a medical practice to manage someday, he earned a Bachelor of Business Administration in Finance at The University of Texas at Austin in 1988, then entered medical school at UT Houston. He thought he would go into family practice, stay in Houston, and take care of his parents and their friends. Instead, after completing his residency at Memorial Hermann Hospital Southwest, he moved to California for a one-year primary care sports medicine fellowship with Kaiser Permanente. He has been a team physician for UT since 1996, caring for student athletes and seeing the world as a volunteer physician for the US Olympic Committee.

He currently works one day a week at Texas Sports & Family Medicine, PLLC, which he co-founded with two other board-certified family practice physicians – all of them board-recognized for their additional expertise in sports medicine. The other six days of the week, Dr. Chassay works at UT as Head Team Physician for the Department of Intercollegiate Athletics, a position he has held since 2005. “For two years I worked as much as possible at TSFM to pay the bills and traveled with the UT men’s basketball team to essentially every game. The stress of balancing both jobs caused me some atrial fibrillation, but now that I’ve reworked my position at UT to be full-time and hired Tim Vachris, MD, to manage my former patient load, the schedule is more manageable,” he says.

Dr. Chassay’s additional studies – a Master’s of Education in Kinesiology and Sport Management and a Healthcare Executive Master’s in Business Administration – get put to good and regular use. UT has over 600 student athletes, and Dr. Chassay coordinates their multi-discipline sports health services and serves as medical director of the training room clinics, supervising four other team physicians and twelve varieties of athletic trainers. Dr. Chassay provides medical coverage for essentially all the football contests, whether at home or on the road.

He finds that helping athletes achieve their goals is even more satisfying than he anticipated. “Athletes face all sorts of challenges and it’s very satisfying to help them become personally successful, and to see their teams be successful. At UT that often means the teams gain national recognition,” he says. In 2009 he took care of the baseball team in June and the volleyball team in December on their rides to the NCAA national championship games. “Those were both heartbreaking losses, but clearly the teams were champions to me,” he says. The BCS Football Championship ended similarly just this month.

Dr. Chassay’s background in family practice affords him a broad view of the health concerns athletes face: not just injuries, but nutrition, asthma, diabetes,
and general illness. As an example, he cites the 2007 Pan American Games in Rio, where one of the women on the sailing team was suffering gastric upset. “We gave her fluids right up until the time the race started, and she ended up winning a gold medal,” he says.

His involvement with the US Olympic Committee began in 2003 with a two-week volunteer training program at Chula Vista, California, and he has continued to volunteer for other events, most recently the 2008 summer Olympics in Beijing, where he was a medical officer for the equestrian team. “I have always wanted to volunteer my services for my country and at the same time challenge myself to perform at a high level,” he says.

In Hong Kong, following those games, he proposed to Kimberly Pierce, whom he met through friends at an Oscar party in Austin while she was living in Houston. Chuckling, he confesses that they actually met twice. He remembered her vividly from the Oscar party (“She was wearing a black crushed velvet dress.”), but she didn’t remember him at all. “So I had a second chance to make a first impression,” he quips. They were married this past April. Is she a sports fan? “She’s becoming one,” he says, “and she’s a good sport.”

Dr. Chassay’s involvement in organized medicine began during his residency, when Dr. Ed Langston, director of the residency program, financed trips to the Texas Academy of Family Physicians, an organization in which Dr. Chassay continues to be very active. Dr. Nancy Dickey, attending physician in rural medicine during that time, encouraged him to become involved in TMA, and he found the young physicians section a welcoming point of entry. There Dr. David Fleeger, a past president of TCMS, became a mentor. Of him, Dr. Chassay says, “David is a thoughtful and classy man, very devoted to his family and to bettering our profession on a daily basis. He helped mold the way I like to do things, in my personal and professional life.” Later, when Dr. Chassay was considering running for state officer positions in his specialty society, Dr. Peggy Russell encouraged him to continue to be active in TCMS with extra appointments during her presidency.

“Collegiality” is a key word in Dr. Chassay’s vocabulary and vision. During his year as president of TCMS he wants to further enhance the networking opportunities which have been fostered by the Friends of the Society. “It’s important to make sure hospital-based physicians and office-based physicians get to know each other,” he says. He foresees the possibility of forming some new committees as a result of health care reform, and notes that the collegiality that characterizes the Society puts it in a position of strength. “We may not agree about all the issues, but we can deal with them better if we know each other,” he says.

“Community” is another important piece of his vision. He wants to strengthen the relationship between TCMS and non-medical organizations like the Chamber of Commerce, and to promote physicians’ involvement in the community in ways that don’t involve medicine. “I’d like the community to see doctors doing other things, like volunteering with Habitat for Humanity. I think there must be plenty of us who would enjoy banging nails and doing something that takes our minds off medicine,” he says. For his 40th birthday, shortly after Hurricane Katrina, he held a fundraiser for Habitat for Humanity. That little boat cruise on Lady Bird Lake raised several thousand dollars for the organization. “I thought then that it would be fun to be more involved in Habitat’s work,” he says.

Dr. Chassay travels frequently with his work and while he enjoys that, he and Kimberly also enjoy spending quiet time together in Austin: walking, watching TV, and eating out. His favorite Mexican food restaurants include Vivo (on Manor east of Dean Keaton), Chuy’s (any location), and Matt’s El Rancho, which he first tried when it was located where the Hyatt now stands. His hobbies include computers, investing, and genealogical research. And of course, he’s a sports fan. He jogs, plays slow-pitch softball, and looks forward to the day when he and Kimberly will have little athletes of their own.

Merry Wheaton, Freelance writer
Remember your intern year when you had to stop and look up everything before you wrote that order? What book was in your pocket? Are you still occasionally grabbing it off the shelf? Ever think about how dated that information is? Times have changed, and now medical students to practicing physicians simply grab their PDA to search out answers on the Internet. I began using the 5-Minute Clinical Consult (5MCC) textbook five years ago, when I first authored the Alzheimer’s chapter. The bulleted, two-page chapters succinctly provide the necessary information we need for diagnosis, work up, and treatment. 5MCC authors are practicing physicians, ensuring practical and evidence-based recommendations.

The 5MCC editorial team would like to expand our author base, and as a member of the TCMS, you are invited! This is a unique opportunity to get in touch with your academic roots through publication, as well as offering your real-world physician expertise. The editors can direct you through current evidence-based literature searches for your resources.

Additionally, we are taking the 5-Minute content to a new level with the 5-Minute Consult, a fast, comprehensive internet resource for the office-based professional. In 30 seconds or less you have instant, user-friendly access to the “most likely” diagnosis, treatment, and management for more than 2,500 conditions, all continuously updated and delivered to the point-of-care.

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RSVP to Ave.McCracken@wolterskluwer.com or Kimberly.Schonberger@wolterskluwer.com

Jill A. Grimes, MD
Associate Editor of 5-Minute Clinical Consult

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Invitation

Wolters Kluwer Health & 5-Minute Clinical Consult team invites you to a cocktail party!

When:  Friday, FEBRUARY 19, 2010 at 6:30 PM
Where:  Omni Austin Hotel, 700 San Jacinto at 8th St, Austin, Texas
Why:  The 5 Minute Clinical Consult team is looking for physicians in private practice to screen an exciting new online 5 Minute Consult beta website AND we would like to invite you to consider becoming an author for the 5-Minute Clinical Consult (5MCC)!

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2010 Gala  
Saturday, February 20

All About Austin is the theme for our 2010 Gala to be held at the University of Texas Golf Club. Enjoy an evening of good food with old and new friends in the hill country themed Clubhouse. Net proceeds from the Gala fund the Alliance’s philanthropic budget which provides grants to the Volunteer Healthcare Clinic and other health-related agencies. The UT Golf Club is in Steiner Ranch, only 15 miles from Westlake and 12 miles from Northwest Hills. In keeping with the theme, All About Austin, every silent auction item has been donated by a local merchant, restaurant, author, artist, or athlete. If you are unable to attend, the silent auction will be available to you with “buy it now” prices at the TCMA website at www.traviscountymedicalalliance.com on the day of the Gala from 10am to 4pm. Musical entertainment will be provided by guitarist Glen Rexash who is with Strings Attached. There will also be a “Wine Toss” where you can throw hoops to snag a bottle of wine or spirits, and you can venture out onto the 18th green to participate in a putting contest to win an Augusta National scorecard signed by our very own Austinite, Ben Crenshaw. More information is available on the TCMA website or you can contact Vickie Blumhagen at vblum@austin.rr.com.

Volunteer Healthcare Clinic
For the holiday season, the Alliance “adopted” five families in need who utilize the VHC. At the December 12 holiday party, Amy Roberts and her team of TCMA volunteers provided the families with toys, clothing, presents for the parents, and necklaces with the children’s names on them for each mother. Everyone enjoyed cookies and hot chocolate while listening to holiday music and wrapping presents with the parents.

Project Graduation
The Alliance supports Project Graduation which provides a wholesome yet fun all-night party that keeps teenagers safe as well as drug and alcohol free on graduation night. For many schools these parties provide give-aways so that every attending graduate leaves in the morning with a useful gift in hand. Most importantly, the goal of these parties is to prevent any of the graduates from suffering the life-altering experience of a tragic car accident or mixing alcohol and drugs on one of the most important nights of their lives. The TCMA supports local high schools who participate in Project Graduation. High schools can submit a request for financial assistance from TCMA by contacting Lydia Soldano, 2513 Exposition Blvd, Austin, TX 78703.

Spring Picnic
Mark your calendars for the annual Spring Picnic, which will be held on April 11. Go to the TCMA website for information in this and all other upcoming Alliance events and activities.
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The Schoolyard
4201 Bee Caves Rd
The Retired Physicians’ Organization sounds so uninteresting; it says we’re old and “has been” doctors. Which may be true, but it’s not who we are. We are experienced physicians of long service, joined by a common bond to one another and to medicine. It is a popular social and educational organization, but it is far from what it was intended to be in the beginning, when it was call The Forum. At least once every few months for the past 20 years, someone asks me: “What happened to The Forum?”

A forum is a place - and that’s how it started - a place for retiring physicians to meet and work. I watched our older members struggle with retirement issues, both economic and social. Most wanted to stage their retirement, and to remain in contact with peers. The seed for a concept was planted when I visited the single room office shared by Drs. Joe Thorne Gilbert, John Thomas, and Charlie Hardwick.

These distinguished semi-retired physicians met mornings to review case records of applicants for disability benefits. They inspired a plan for a place where retired colleagues could remain connected with Medicine. I imagined a room of comfortable furniture for lounging and visiting, writing desks, and study carrels for dictating correspondence. Travis County Medical Society Auxiliary offered to furnish and maintain the room, and provide reading material. With Mr. John Kemp, TCMS Executive Vice President, we discussed plans to provide help to retired physicians: information on locum tenens and community volunteer service opportunities, stenographic and transcription services, and access to post-retirement job openings with the Texas Medical Board and various government offices.

Three equally distinguished physicians, Drs. Earl Grant, Homer Goehrs, and Hap Arnold helped shape our ideas, and suggested an even broader mission for The Forum, to include social and travel opportunities.

The Central Texas Blood Center owned property on Lamar Boulevard, between 43rd and 44th Streets, between what were then the TCMS offices and the Veterinary Clinic. A suitable vacant office in that space was selected for the Forum site and the rent was donated by the Society. My year as President of the Society, 1989, passed and enthusiasm for the project cooled. We were beginning to feel a space crunch and needed more room for TCMS facilities, staff, and the Medical Service Bureau. Our undersized, understaffed Blood Center was beginning to offer new blood products and tissues other than just blood and also needed space for its expanded operations. In 1997, Mary and I chaired the Steering Committee for the new Central Texas Blood and Tissue Center, and the three million dollar structure swallowed up the space that had been previously donated to the Forum. The need for dedicated space for the Forum had diminished and physicians had come of age electronically and no longer needed transcription services. Project Access prospered under the leadership of a truly dedicated physician, Dr. Tom McHorse, answering the volunteer service issue.

Today, the Retired Physicians’ Organization (RPO) provides opportunities to renew and maintain contact with professional colleagues, hear presentations on topics of interest, and participate in social activities. Retired physicians or those who are contemplating retirement, spouses, and widows are invited to join the RPO in their monthly meetings held on the third Thursday of each month. For more information or to join the RPO, contact Ann Jeansonne at 206-1249 or ajeansonne@tcms.com. In the end, it appears our Society has met the needs originally envisioned for the Forum in the ’80s in other ways, and our Travis County Medical Society continues to prosper under talented leadership.

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Presentation

On June 6, a 54-year-old woman was involved in a motor vehicle accident (MVA) and was taken to a local emergency department (ED). The patient had a recent history of having undergone four-vessel cardiac bypass surgery that was complicated by non-union of the sternum. Other prior surgeries include a hysterectomy, appendectomy, and an open cholecystectomy complicated by an inadvertent bowel injury. She had polycystic kidney disease and a prior admission for sepsis that developed after a change in her catheter used for peritoneal dialysis. She was dependent on hemodialysis for treatment of her end-stage renal disease.

Physician action

The patient was examined by an emergency medicine physician, who noted that the patient had severe swelling in her left forearm, thought to be a ruptured AV shunt. The patient denied shortness of breath, abdominal pain, or injury to her legs. The results of her cervical and chest x-rays were unremarkable. She was transferred to a regional hospital for evaluation by a vascular surgeon.

When she arrived at the regional hospital, the emergency medicine physician examined her and noted in the medical record: “ABDOMEN: Normal bowel It is soft and absolutely non-tender. There is no palpable hepatosplenomegaly. No masses…” A vascular surgeon evaluated the patient and ordered a PermCath for temporary dialysis while the patient’s AV shunt healed. She was admitted for catheter placement, which was performed that afternoon. A nephrologist discharged the patient on June 8 with instructions to obtain hemodialysis.

On June 14, the patient returned to the ED of the regional hospital. She reported a near syncopal episode and abdominal pain. An abdominal CT revealed a large laceration to the posterior aspect of the spleen, with associated moderate hemoperitoneum. A general surgeon – the defendant in this case – examined the patient and elected to monitor her condition. He documented the following: “ASSESSMENT: The patient clearly has had a splenic injury. My suspicion was that it probably happened at the time of her car accident eight days ago and she has had her perisplenic hematoma begin to leak somewhat into the abdominal cavity associated with pain. The hematoma may have gotten worse with her heparinization for dialysis yesterday. However, since it was unknown at the time that she had a splenic injury, there is nothing that could be done about it. At this point, she appears to be stable with stable vital signs and no signs of acute abdomen . . . We will follow serial H & H.

Dr. [XXXX] is anticipating dialyzing her again in the morning and transfusing two units of blood at that time. Will type and cross blood [to be] available in case she should have any change in her clinical condition through the evening. For the most part, an eight day old splenic tear is one that is observed. However, if repeated dialysis results in increasing hematoma and/or if there is ongoing signs of hemorrhage, bleeding, or blood count continuing to drift down, she may well come to splenectomy. As a rule of thumb, an eight or nine day old splenic injury is hard to primarily repair and most of the time it does result in splenectomy. The patient and the family understand this.”

By June 18, the patient was having difficulty maintaining nourishment, and was started on TPN. She also received blood transfusions with dialysis. She began to develop congestive heart failure and respiratory problems with atelectasis. On June 20, the patient’s blood counts that had previously been stable began falling. The general surgeon performed a splenectomy on the morning of June 21. His operative report stated that he found a “tremendous mass in the left upper quadrant.” He described careful dissection of a “rind of old blood surrounding the spleen”, and “significant inflammation in the omentum and splenic flexure of the colon.” The general surgeon described the following complications: “. . . in the dissection an enterotomy was made. It was temporarily closed and the continued dissection of the spleen ensued. Attention was then turned to the colon. The colon was densely adherent to the abdominal wall, as well as was the small bowel from previous surgeries. These were taken down. Additional enterotomies were closed. Care was again taken by examining the colon. There were no further signs of leak with pressure proximally and distally to the staple lines.”

The patient was returned to the ICU where she was followed by the general surgeon and pulmonology, critical care, and infectious disease consultants. On June 28, the general surgeon described the development of an enterocutaneous fistula developing from her wound site. A colostomy device was placed over her surgical wound to catch bowel contents. The patient remained in the ICU for several weeks. On August 1, the general surgeon noted that the patient’s “Fistula is colonic, small bowel available for nutritional support. Essentially functioning as a colostomy now. Spontaneous closure if it happens will be months down the road, use gut if okay with all.”

The patient’s condition improved slowly, and she was discharged to a specialty center for wound care and rehabilitation on August 22. She was discharged to home health care on September 13. She underwent several procedures to repair the fistula, and it was felt that the fistula would continue to heal and eventually close.
Allegations
A lawsuit was filed against the general surgeon, alleging that he should have taken the patient to surgery sooner.

Legal implications
The plaintiff’s expert criticized the defendant’s decision to observe the patient when the splenic injury was identified eight days after the MVA. He suggested that the surgery was ultimately performed on an emergent basis. Had the procedure been “elective” and performed before the patient’s bleeding crisis, “it is probable that no enterotomy would have been made at the splenic flexure and the numerous small bowel enterotomies would not have occurred in the hands of experienced surgeons with this operation.” This expert stated that the bowel perforation led to all of the patient's subsequent problems.

General surgeons reviewing this case for the defense were unequivocal in their support of the defendant. One expert stated that given the patient’s multiple comorbidities, it was reasonable to monitor the patient and not perform surgery until June 21. It was this expert’s opinion that almost any surgeon who performed surgery on the patient on the 21st or any day prior would have caused an enterotomy no matter how careful and no matter how much time they had to perform the surgery. Another surgeon agreed that the patient’s hospital course would have been much more benign if the splenectomy had been performed without enterotomy, but stated “There is not a busy experienced surgeon in this country who has not made many enterotomies in the presence of a hostile abdomen such as [the patient’s].”

The defendant testified and did an excellent job explaining the risk-benefit analysis that he undertook with this chronically ill patient with suspected adhesions in her peritoneal area. He stated that he was doing everything he could – seeing the patient routinely and watching her closely – to help the patient avoid a potentially risky operation.

Disposition
This case was taken to trial and the jury returned a verdict in favor of the defendant.

Risk management considerations
This defendant’s solicitous care, comprehensive documentation and ability to professionally and competently explain his decision-making (with the patient and her family in agreement), laid the foundation for the outcome of a successful trial. Surgeons should have the informed consent discussion wherein risks, benefits, and alternatives are explained to the patient. The patient then acknowledges his or her understanding, agreement, and informed consent. This discussion and the patient’s decision should then be documented in the medical record. This physician followed the protocol diligently and was subsequently exonerated at trial.

The information and opinions in this article should not be used or referred to as primary legal sources nor construed as establishing medical standards of care for the purposes of litigation, including expert testimony. The standard of care is dependent upon the particular facts and circumstances of each individual case and no generalization can be made that would apply to all cases. The information presented should be used as a resource, selected and adapted with the advice of your attorney. It is distributed with the understanding that neither Texas Medical Liability Trust nor Texas Medical Insurance Company is engaged in rendering legal services.

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This closed claim study is based on an actual malpractice claim from TMLT. This case illustrates how action or inaction on the part of physicians led to allegations of professional liability, and how risk management techniques may have either prevented the outcome or increased the physician’s defensibility. The ultimate goal in presenting this case is to help physicians practice safe medicine. An attempt has been made to make the material less easy to identify. If you recognize your own claim, please be assured it is presented solely to emphasize the issues of the case.
Classifieds. Call 206-1245.

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Physician Opportunity: Well established private practice in Westlake seeking PT/FT board certified pediatrician. We offer flexible schedule, pleasant environment, and no hospital responsibilities. Email to steve8374@gmail.com or fax resume/CV to (512) 306-8658.

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For Sale: 13552 Research Blvd. 4020 sq/ft free standing building with great visibility and parking. 2040 sq/ft available for owner/occupant with rental income.

For Lease: Westlake Medical at The Schoolyard. 4201 Bee Caves Road next to Eanes Elementary. 1,500 to 6,000 sq/ft. Contact Ronnie Brooks at (512) 327-7070. See ad on page 19.

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ACUTE CORONARY SYNDROMES

Acute coronary syndromes (ACS) is a term used to describe a group of conditions resulting from acute myocardial ischemia (insufficient blood flow to heart muscle) and ranging from unstable angina (increasing, unpredictable chest pain) to myocardial infarction (heart attack). The conditions are related to varying degrees of narrowing or blockage of single or multiple coronary arteries that provide blood, oxygen, and nutrients to the heart. This life-threatening disorder is a major cause of emergency medical care and hospitalization. Coronary artery disease (CAD) remains the leading cause of death in the United States.

SYMPTOMS

- Chest pain—uncomfortable pressure, squeezing, or fullness
- Upper body discomfort—pain or discomfort in both arms, the back, neck, jaw, or abdomen
- Shortness of breath
- Other symptoms include sweating, nausea, and light-headedness

If you or someone you are with has chest pain, especially with one or more of these other symptoms or signs, call 911 in the United States or the number for medical emergencies in other locations. Acute coronary syndrome patients can benefit from immediate medical care. If cardiac arrest occurs (loss of responsiveness, no sign of breathing, no heartbeat or pulse), call 911 immediately and start CPR (cardiopulmonary resuscitation). Apply an automated external defibrillator, if available.

DIAGNOSIS AND POSSIBLE TREATMENT

Initial assessment includes a complete medical history, physical examination, an electrocardiogram (ECG) test to evaluate the electrical activity of the heart, and blood tests to evaluate the presence of chemicals resulting from cardiac cell injury. Hospitalization may be necessary. Standard treatments for coronary artery blockage may include placement of stents (mesh tubes) within narrowed blood vessels or heart surgery for bypass grafting of blocked vessels.

WAYS TO REDUCE YOUR RISK OF CORONARY ARTERY DISEASE

- Don’t smoke
- Control your blood pressure
- Exercise on a regular basis
- Eat a healthful diet
- Maintain a reasonable body weight
- Ask your doctor about taking a low dose of aspirin each day

For More Information

- American Heart Association
  http://www.americanheart.org

- American College of Cardiology
  http://www.acc.org

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