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Inside the capitol of Havana, Cuba. Photo by James E. Reeves, MD.
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A Stonecutter’s Story
Brian S. Sayers, MD
President, Travis County Medical Society

“We are a profession that does plenty of moaning these days, often for good reason but rarely to good effect. Many of us beg and cajole our colleagues to become part of the great chorus of organized medicine, especially now as we ready for the new legislative and congressional session. Organized medicine has had significant, hard fought victories in the past, tort reform being especially notable among them in Texas, but still we know that mostly we have to fight just to keep things from getting worse at a faster rate, that sometimes it seems we just paddle harder and harder against the overwhelming current of the stream, hoping to just keep from being swept downstream in one last legislative tsunami.

Why are so many of us so worried and distracted that the profession, which some years back lured us with such passion and sense of calling, seems so distant from us at times? Why do we find ourselves looking blankly at our patients some days? Why do we some days feel so unsettled, so that it seems, as Rilke described, “as if standing on fishes?” The answers are not hard to find. Our profession is under assault. Forces that control health care but have little to do with making people healthy are ruining our ability to care for patients, and, if we are honest, are also making it harder to make a good living doing it.

A Canadian physician quoted in a survey published by the Canadian Medical Association sums it up well, “I believe that most physicians unconsciously contracted with society to pursue their profession to the utmost of their ability and energy, to keep up their skills and do whatever was needed to promote patient care. In return, we expected respect, the equipment to do the job and freedom from financial anxieties. All three of these expectations have been abrogated, yet we continue to fulfill our side of the contract to confusion, disbelief, and a sense of betrayal.”

There are many reasons that so many physicians are dissatisfied with their work. Only a minority of us recommend the profession to our children. In many surveys the percentage of physicians who show distress or overt burnout in their work approaches half. Among those who can be defined as having burnout, the chances for medical errors, unprofessional conduct, and negative feelings toward indigent care increase significantly.

I believe that the disorientation and dissatisfaction that many of us feel either daily or at least over time comes from the loss of a sense of meaning and mission in our work that at some now hazy time in our past welled up within us.

For the last few months I have been working on a project with Seton Cove looking at the problem of physician distress and burnout, how it affects medical care, our patients, our families, and our sense of purpose. In looking at programs around the country that have studied and developed programs for this problem the sense of a loss of meaning was the number one problem identified by many. Not reduced reimbursement, not loss of respect for the profession, not compassion fatigue, not too much paperwork (though these were repeatedly listed) but, at its core, our dissatisfaction stems from forgetting what is at the heart of our love of this work, beaten out of us by all of the things that work against us when we have nothing left in our spiritual toolbox to counter them.

Each and every one of us has been blessed with intellectual and spiritual gifts that led us into a profession that offers challenges and rewards like no other. There are forces that would try to drive a wedge into the relationship between us and our patients, the very soul of our profession. We must resist them on political and ethical levels but just as surely, each of us in ways uniquely suited for ourselves as...
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what he’s doing. Angrily he turns to you and says, ‘Idiot! Use your eyes! They bring me a rock, I cut it into a block, they take it away, and they bring me another rock. I’ve been doing this since I was old enough to work, and I’m going to be doing it until the day that I die.’ Quickly you withdraw, go to the next man, and ask him the same question. He smiles at you warmly and tells you, ‘I’m earning a living for my beloved family. With my wages I have built a home, there is food on our table, the children are growing strong.’ Moving on, you approach the third man with this same question. Pausing, he gives you a look of deep fulfillment and tells you, ‘I am building a great cathedral, a holy lighthouse where people lost in the dark can find their strength and remember their way. And it will stand for a thousand years!’”

Save the Date
Thursday, March 3, 2011
Travis County Medical Society
and the
Travis County Medical Alliance
2011 Joint Installation of Officers
Honoring
Brian S. Sayers, MD
2011 TCMS President
Mrs. Vickie Blumhagen
2011-12 TCMA President
RSVP
(512) 206-1249 or tcms@tcms.com

individuals must find the right source for our own spiritual well-being, without which we will have nothing to give to those we serve and those we love. David Whyte notes that the cure for exhaustion in our work is, ultimately, not rest but “wholeheartedness.” I urge each of you to spend time in reflection this year to find ways to renew your sense of purpose and mission in your work. To find in your relationships with your patients, one “encounter” at a time, a mindful, wholeheartedness in your work that renews the joy in it.

Each of us has within us the ability to see our work with new eyes. In an article in the Western Journal of Medicine, Rachel Naomi Remen retells a parable from Italian psychiatrist Roberto Assagioli. He is telling of stonemasons working on a great cathedral: “You approach the first man and ask him..."
Is your practice ready for an EHR?

The CentrEast Regional Extension Center (CentrEast REC) is your one-stop shop for on-site consulting services for physicians needing help selecting, implementing, and reaching meaningful use of an electronic health record (EHR).

Supported by federal grants, RECs are able to charge primary care physicians only $300 for consulting valued at more than $5,000. For physicians who qualify, reaching “meaningful use” can mean up to $63,750 in incentives from Medicaid or $44,000 from Medicare.

The CentrEast REC can help you answer the difficult questions you may be facing:
- Is my practice ready for an EHR?
- Which EHR should I choose?
- How do I install an EHR with minimal disruption to my practice?
- How can I earn incentives as an existing EHR user?
- How do I achieve meaningful use?

The CentrEast REC is physician-centric, and the following TMA members serve on the advisory board.

Visit the TMA REC Resource Center at www.texmed.org/rec for more information on eligibility and available services. To enroll, contact the CentrEast REC at (979) 862-5001 or visit www.centreastrec.org.
2011 is gearing up to be another active year for the Travis County Medical Society. The TCMS Membership Committee, chaired by Todd Shepler, MD will keep members engaged with a variety of activities. Join your colleagues and sing along to *Grease* at the Alamo Drafthouse; grow your referral base at a number of networking socials; keep up with your continuing medical education; and welcome new members to the ever-growing Society (see calendar below).

In addition, Texas physicians and Alliance members will march to the Capitol for First Tuesdays during the 82nd Legislative Session.

### 2011 Events

**Travis County Medical Society**

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*2010 TCMS Physician of the Year, Bruce Malone, MD receives the gold headed cane from Christopher Chenault, MD.*

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### 82nd Legislative Session

**Key Contacts**

The 82nd Legislature will see a spate of new lawmakers when the session begins January 11. A strong key contact program is crucial to get medicine’s opinions in front of lawmakers. Please check the list below and let TCMS know if you have a personal or professional relationship with a legislator at the state and/or federal level.

If you are asked to contact a lawmaker, TMA will provide the information needed to get medicine’s message across.

For legislators you know, add the nature of relationship (such as constituent, friend, business colleague, campaign supporter, first-name basis, personal physician, financial contributor). Please fax this completed page to Stephanie Triggs, TCMS director of community and government relations at 512-450-1326 or email to striggs@tcms.com.

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Name: __________________________________________ Specialty: __________________________________________

Office phone: ____________________ Home phone: ____________________ Mobile phone: ____________________

E-mail address: ____________________________________________________________
FIRST TUESDAYS  
AT THE CAPITAL  
82nd LEGISLATIVE SESSION — 2011  

Your patients need YOU to be a lobbyist for a day! Come to Austin for First Tuesdays at the Capitol and make a difference for your patients and your practice.  

For up-to-date information, check out the First Tuesdays Web site www.texmed.org/firsttuesdays, or call (800) 880-1300 ext. 1361 for more information.
A new pre-health professions program gives undergraduates a window into the world of Austin-area doctors, pharmacists, veterinarians, and more.

It’s no great secret that The University of Texas at Austin is a big place. It’s a campus full of opportunity, to be sure, but it’s also a university where pre-health students can find themselves lost in a mire of classes, tests, and studying. Every year, approximately 1400 incoming freshmen are on a health professions track in the College of Natural Sciences. These are some of the brightest and best students in the state, but do they know what they are getting into?

To help these pre-health professions students answer that question and to provide them with a super-charged learning experience, the College of Natural Sciences has created the new Doc-Op program.

“We have a responsibility to provide an environment where students can gain insight about their field and figure out what they are going to do,” says Reginald Baptiste, MD, a cardiothoracic surgeon and coordinator of Doc-Op. “And it’s important that they can do so early on in their education.”

Each spring, about 200 sophomores enrolling in Organic Chemistry II can opt into the Doc-Op section of the course. Seventy-five percent of the students are pre-med and 15 to 20 percent are pre-pharm.

Shadowing is a key component of the Doc-Op program, with students visiting their Austin-area mentors throughout the semester. They spend time with doctors in their offices, clinics, hospitals, and emergency rooms, hang out with pharmacists, and peer over the shoulders of dentists, veterinarians, and physician assistants.

“Some students and mentors meet just a couple of times over the spring, and that’s enough for students to gain insight into the field,” says Baptiste. “Some students, become so infatuated with shadowing that it’s hard to get them to stop. And others realize that the health professions – or at least the one they’ve chosen – might not be right for them.”

Baptiste says that’s an important moment. “If a student realizes this just isn’t for them, it saves money and time for the students, parents, universities, and professional schools,” he says. “It also allows someone else who is more passionate to fill that spot, which will lead to better health professionals in the future.”

Leah Kolar is one of those students that experienced a change in direction after the program. She spent a day at the hospital observing Baptiste and a colleague perform open-heart surgeries.

“Suddenly I was in there in the room with the doctors and nurses,” she says. “They had me stand at the head of the patient while they were doing the surgery. It was crazy.”

Kolar realized then that she didn’t want to be a heart surgeon, but she was inspired to reach out to a pediatrician. She arranged to shadow that doctor later in the semester, and now thinks that she might want to become a pediatrician.

“I’ve become a real believer in the idea of shadowing,” she says. “You really get to see what it’s like, whether you’re inspired or turned off.”

And for the mentors, Baptiste says that it can be reenergizing to interact with these students.

“Mentoring is something that we do a lot in the medical field, but it can be pretty random,” he says. “This program formalizes that a bit, and it can help us remember what a privilege it is to be a doctor or nurse or pharmacist. People entrust us with their confidence and their health. Mentoring reminds us that it’s not just a job.”

In addition to mentoring, the students in the program meet as a class every Friday throughout the spring semester for lectures, question-and-answer sessions, and panel discussions from top health professionals.

Baptiste says it’s an opportunity for the students to get to ask the most basic questions about what life in the health professions is like, and a chance for the professionals to give the students a heads-up about some of the difficult choices they will have to make.

If you are interested in becoming a mentor for the Doc-Op program, send an email to Reginald Baptiste, MD at rbapmd@austin.rr.com.
Why Choose an Austin Diagnostic Clinic Neurologist?

Our six neurologists combine their knowledge and skills to create a department with extensive neurological expertise. We are eager to assist you in caring for your patients with epilepsy, headaches, neuropathy and other neuromuscular disease, stroke, dementia, multiple sclerosis, tremor and radiculopathy.

We realize the anxiety patients have when faced with a possible neurological condition and know it is important for them to be evaluated as soon as possible. Therefore, our goal is to provide your referrals same day or next day appointments. We also realize the importance of a timely report back to you regarding our findings and diagnosis enabling you to provide rapid follow-up care and support.

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512/901-4311 • adclinic.com/neurology
Brian Sayers, MD, the new president of TCMS, grew up in Austin and wanted to be a doctor even as a first grader, when he was sometimes seen in school wearing a white doctor’s smock that his mother had made for him, complete with caduceus-like embroidery. “I thought Dr. Kildare was the greatest thing ever, and I wanted to be just like him,” he says with an ironic smile. The elementary school where he announced his career goal was just a few blocks from his current office on 38th Street and he quips, “I didn’t get very far.”

A graduate of The University of Texas at Austin and of UT Southwestern Medical School, Dr. Sayers did his internship and residency in internal medicine at the University of New Mexico Affiliated Hospitals, followed by a fellowship in rheumatology and clinical immunology at UT Health Science Center at San Antonio. Board-certified in internal medicine and rheumatology, he has practiced in Austin since 1987, first with a large group, then solo for 15 years, with a partner for 6 years, and since 2007 solo with an office sharing arrangement that he finds suits him well.

Since 2002 he has also been a partner in Austin Rheumatology Research, P.A., where clinical research enables him to offer emerging treatments – mostly for rheumatoid arthritis – to people for whom nothing else has worked. “It also lets me offer care to people who are unable to afford it, and to others who are just interested in trying a new medication. Clinical research keeps you ahead of the curve,” he says, adding that most of the treatments in the field use genetically engineered medications that have been developed in the last ten years.

What attracted him to rheumatology, a field without many effective treatments when he entered it? “I have a bit of a phobia of sharp things and don’t like getting up early, so surgery was out,” he deadpans. One persuasive force was the encouragement of Ralph Williams, MD, a pioneer in the field and the head of the Internal Medicine Department during Dr. Sayers’ residency in Albuquerque. Another was the late Homer Goehrs, MD, who cared for his grandmother during a rheumatic illness that eventually claimed her life. Dr. Sayers says Dr. Goehrs, who recruited him back to Austin, embodied the qualities of “an old-style physician who took on the whole patient at a time when specialization was just beginning.” Yet another important factor was the intellectual challenge that rheumatology offers. He explains: “Many of my patients have seen a lot of other physicians without getting an established diagnosis, so it’s a puzzle with a lot of pieces and there’s a strong problem-solving component. But far and away what I enjoy most now are the patients themselves.”

Most of his patients have rheumatoid arthritis or lupus, diseases which primarily strike women in their mid-twenties to late forties. “These people get hit with a chronic, lifelong illness at a vulnerable time in their life – when they’re busy with work and family,” he says. He follows his patients for years, gets to know many of them well, and has increasingly come to value the relationship aspects of his work as much as, if not more than, the science itself.

Consistent with that interest, he just completed degree requirements for a Master of Arts in Pastoral Ministry at the Episcopal Theological Seminary of the Southwest. He says he has already applied much of what he learned there to his current practice and that it has helped him stay fully engaged in his medical practice.

Staying fully engaged in the practice of medicine is a goal of his – a mission really – and not just for himself. It’s at the core of the goals for his presidency. “I’m very concerned about physician health, burnout, and stress, as well as indigent care, and it turns out that the problems are closely linked,” he says. “Statistics show that burned out doctors are less likely to offer indigent care, and we know that volunteering adds meaning to a physician’s professional life and spiritual well-being. Doctors who go on a medical mission always say they got more out of it than their patients did.” Due to illnesses and other family responsibilities, medical mission trips have not generally been in the cards for Dr. Sayers, and after he missed a recent trip because his wife was recovering from surgery, a local colleague...
also mentions the variety of sporting events, happy hours, galas, general meetings, and other opportunities for doctors get to know each other and build a stronger community.

He points out happily that he didn’t have to make any calls to get physicians to serve on TCMS committees this year: “Many physicians who are new to town want to get involved, and so do many mid-career physicians. This year the legislature will be in session, and we have lots of doctors who are interested in that.”

His own involvement with the TCMS began in 1992 when he was asked to serve on the Committee on Geriatrics. Subsequently he served on and chaired the Mediation Committee, which attempts to resolve problems between patients and physicians. “I learned a lot about things that patients get really mad about,” he says, noting that most cases didn’t have much to do with physicians’ performance as physicians, but stemmed instead from misunderstandings and hurt feelings about the way office staff spoke to a patient or policies the staff followed. “It’s surprising just how powerful an apology can be,” he says. He also chaired the Board of Ethics and served TCMS as Secretary-Treasurer.

On the TCMS Executive Board since 2004, Dr. Sayers explains why he wanted to be president: “Over the years I’ve developed some opinions and some experience that I’d like to fully utilize. We’ve had really good presidents and they’ve each brought something different to the table.” He is concerned about changes which are negatively impacting physicians’ ability to provide care and about the resulting level of discouragement he sees. “Physicians feel they have little control over their work and that concerns me because it’s important for physicians to be on top of their skills, to love their work, and to wake up with the desire to do it everyday.”

With two grown children and one in high school, he’s at a point in life where he’s ready to give leadership-for-change a shot, and his confidence in the local medical community is firm. “My wife has a chronic neurological disorder and it has really made me appreciate Austin’s medical community,” he says, adding that he and Maryann haven’t felt the need to go out of town to seek help in recent years. “Her illness has taught me a lot and I have learned more than a little from her about courage and faith and patience.”

Past hobbies have largely fallen by the wayside and now for physical and mental health he can be found on the hike and bike trail most days and enjoys family retreats in Port Aransas. Son Christopher is a lawyer, older daughter Anna is a fourth-grade teacher studying to become a principal, and younger daughter Mary Claire is busy enjoying high school with no plans to be a doctor. He says, “I haven’t pushed my children towards medicine, and they’ve told me very clearly that they don’t want to work as hard as I do.”

If he were king, he says, “I’d want everybody to have equal access to quality medical care that my own family has benefitted from, in a system that values the doctors and nurses who are its heart.” Recognizing the conflicts inherent in that dream, he still believes that strengthening cohesiveness within the local medical community and addressing the linkage between the needs of the uninsured poor and physician wellness is moving in the right direction and that it will make a real difference to all involved.
TCMS Welcomes New Friends of the Society

With the commitment and support of the Friends of the Society program, the Travis County Medical Society is able to bring its members numerous educational, networking, and social opportunities. TCMS is pleased to announce the recent additions of Atchley & Associates, LLP, TaxResources, Inc., Texas Oncology, and University Federal Credit Union to the Friends program.

Atchley & Associates, LLP: In 2010, Laura M. Stephens and Associates, PC, a long-time Friend of the Society merged with Atchley & Associates. Atchley is a full-service public accounting firm offering attestation, tax, business consulting, accounting services, political campaign reporting, and litigation support services. They serve clients in both the public and private sectors. www.lockartatchley.com

TaxResources, Inc.: A tax audit information and defense resource for individuals and businesses. For a small, tax deductible annual fee, their highly trained tax specialists will fully represent you in the event of a federal or state income tax audit. Additionally, your membership includes unlimited access to their TaxHotline, a review of your federal return prior to filing to examine your audit risk as well as target areas for improvement, and access to their monthly TaxBulletin. http://tcms.taxaudit.com

Texas Oncology: Devoted exclusively to cancer treatment and cancer research, patients have the convenience of receiving most or all of their medical services and support services under one roof. Texas Oncology medical teams specialize in medical oncology, hematology, gynecologic oncology, pediatric hematology and oncology, and radiation oncology. Patients are treated with today’s most advanced, effective cancer technologies, therapies, cancer treatments and full-service pharmacies. www.texasoncology.com

University Federal Credit Union: TCMS members are now eligible to join this locally-owned financial institution that has been serving the college-educated since 1936. UFCU offers access to great rates and services for personal and business needs, including auto financing, mortgage products, property and casualty insurance, investment solutions, and other business lending needs. www.ufcu.org

For a complete list of the TCMS Friends of the Society and the services they provide, visit www.tcms.com.

New Member Benefit
TCMS Job Board
The Travis County Medical Society is proud to announce a new member benefit. Post open positions or search for just the right employment opportunity in the health care industry on the TCMS Job Board.

At www.tcms.com, physicians can now post their job openings and view resumes/CVs to recruit the right talent. Whether you are hiring one person or an entire team, TCMS offers a fast and easy recruitment tool for a nominal fee.

Jobseekers can post a resume/CV and view job openings at no cost. The anonymous resume system lets you put your information in front of companies who are hiring – without sharing your name and information. Employers notify you through a secure email system, then if you are interested in the opportunity, simply release your contact information.

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:

Laurence A. Ligon, MD
Marsha D. McNeese, MD

Honorary Membership is granted to those physicians who have reached a point of comparative inactivity in the practice of medicine and who have rendered outstanding service to organized medicine or made noteworthy contributions to scientific medicine. Upon nomination from the Board of Ethics, the TCMS Executive Board elected the following to Honorary Membership:

Stephen S. Clark, MD

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 TMA 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:

L. Don Greenway, MD
Bruce Levy, MD, JD, received the Texas Society for Gastroenterology Marcel Patterson-Robert Nelson award (its highest honor).

Howard Marcus, MD, was recognized by the Texas Chapter of the American College of Physicians (ACP) as Advocate of the Year.

The Ophthalmic Mutual Insurance Company (OMIC) announced John W. Shore, MD will succeed Richard L. Abbott, MD, as Chairman of OMIC’s Board of Directors.

CONGRATS

The Medical Society extends deepest sympathy to the family and friends of the following physicians.

**In Memoriam**

Jimmie Hal “Jim” Calhoon, MD, passed away on December 28, 2010. Dr. Calhoon was born in Beaver, OK. He received a BS from Northwestern State College in Alva, OK and graduated from the University of Oklahoma School of Medicine in 1956. Dr. Calhoon completed his internship and general surgery residency at Hillcrest Medical Center in Tulsa and his residency in thoracic and cardiovascular surgery at the University of Michigan. He took care of Governor John Connelly following wounds received during the Kennedy assassination and was the only heart surgeon present at the time of the University of Texas tower shooting in 1966.

An accomplished wood craftsman, Dr. Calhoon designed and built furniture and constructed an ultralight airplane. He retired to the San Juan Islands of Washington State in 2007.

Lonn Bradley Lockhart, MD passed away on December 8, 2010. Dr. Lockhart was born in Galveston, attended Austin College in Sherman, Texas, and received his doctorate from UTMB at Galveston. He earned a fellowship in pediatric ophthalmology from the University of Pittsburgh, practiced pediatric ophthalmology in Austin, and founded Children's Eye Center. One of Dr. Lockhart’s passions was performing eye exams on premature babies in the Neonatal Intensive Care Unit.

After a 25-year career in Central Texas, Dr. Lockhart was planning retirement to his ranch in San Marcos.

Morris K. “Pat” Patteson, Sr., MD, passed away on November 30, 2010. Dr. Patteson was born in Smiley, Texas, attended Abilene Christian University, and then graduated from UTMB at Galveston. He joined the US Navy and served as medical officer on Battleship New Jersey with the Atlantic Fleet. Following the war, Dr. Patteson did internships and residencies in family practice at Baptist Memorial Hospital in San Antonio, practiced in Burnet and Cuero, and became a partner at Rollins-Brook Clinic and Hospital in Lampasas.

He was a Life Member of the AMA, TMA, TCMS, and a Charter Member and Diplomat of the American Academy of Family Practice. There are six generations of medical doctors in the family, all but one family practitioners.

Walter E. Sjoberg, Jr., MD, passed away on January 4, 2011. Dr. Sjoberg was born in Austin and served in the US Army Air Corp during World War II. He received his Bachelors and Masters degrees in experimental psychology from The University of Texas and his medical degree from UTMB at Galveston. Dr. Sjoberg completed a fellowship in internal medicine at the Mayo Clinic in Rochester, MN where he played saxophone for the Notochords dance band.

He had sub-specialties in hematology and gastroenterology and practiced internal medicine in Austin. Dr. Sjoberg was a member of the TCMS and TMA for 39 years.

Dr. Sjoberg retired to his vineyard in Cypress Mill where he kept his professional skills sharp treating his herds of goats and sheep.
Holiday Luncheon
TCMA members enjoyed the annual Holiday Luncheon on December 3 at The Westwood Country Club. During the event, over $400 was raised and over 100 books collected for BookSpring, a pediatric literacy program in Austin.

2011 Gala
February 26
Save the date for TCMA's 2011 Gala Mad Med on Saturday, February 26 at the Headliner’s Club. Suit up for a fabulous time featuring retro cocktails, great food, live music, and fun! Silent auction will be a gas (and Betty Draper would approve)!

Alliance Member Spotlight – Jennifer Carsner
Jennifer Carsner was born and raised in Leander, TX and is a graduate of Texas State University. She received a Bachelor's degree in Interdisciplinary Studies with a specialization in Early Childhood Education. Jennifer has taught both kindergarten and first grade and has also taught in a preschool program for children with disabilities. She feels that teaching is her true passion and she looks forward to returning to the classroom one day.

Jennifer is married to Jack Carsner, MD, an anesthesiologist with Capitol Anesthesiology Association. Together they have two children Lucy (5) and Lily (3). One of Jennifer’s favorite past times is to ride and race in cross country, offroad motorcycle events. In recent years professional and family obligations have put this hobby on the shelf. However, she looks forward to a return to racing in the future! As a family, the Carsners enjoy traveling, participating in outdoor activities, and reading books.

Jennifer has been a member of the Travis County Medical Alliance since 2004 and is serving on the board this year as VP of Financial Development. In previous years she has co-chaired the Ronald McDonald House committee as well as volunteered on the BookSpring and Gala Committees. Jennifer said, “I have really enjoyed meeting and making new friends through the Alliance! There are so many fun ways to be involved, all while helping to make a positive impact for a healthier Central Texas community.”

Vickie Bluhmagen
President-Elect, Travis County Medical Alliance

2011 Gala
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WE'RE FROM HERE
Pertussis continues to have a strong presence in our community and we want to make sure that area physicians are aware of some recent developments regarding pertussis.

**Local Surveillance**

From January 1, 2010 through December 30, 2010, the Austin/Travis County Health and Human Services Department has identified 970 confirmed and probable pertussis cases. January and February were the peak months for reports (130 and 136, respectively). Reports have trended downward with counts currently in the 60s (see Chart). Approximately 80% of the pertussis cases report having received at least one immunization for pertussis. The highest number of reports were in the 1-3 year age group, followed by 4-8 years, and then <1 years of age. It is concerning that we continue to see pertussis disease in patients <1 year old, as this is the population most at-risk for serious illness and death. No deaths due to pertussis have been reported in 2010. The last Austin/Travis County pertussis death was in 2003.

The ATCHHSD has issued pertussis recommendations to 246 schools and daycares (including Summer camps and church groups) during 2010.

**Lab Assessment**

As part of our investigation regarding the high number of confirmed cases, we are also assessing quality assurance issues regarding laboratory testing. There are early indications that false positives may occur through cross contamination of DNA from vaccine or true cases when collecting patient specimens for testing of B.pertussis DNA by real time PCR (Tatti, K.M., Patel, M., Messonnier, N., Jackson, T., Kirkland, K.B. 2008. Real-time polymerase chain reaction detection of Bordetella pertussis DNA in acellular pertussis vaccines. *Pediatric Infectious Disease Journal*, 27 (1), 73-74). To address this possibility, our office is recommending masking and gloving when performing pertussis nasopharyngeal specimen collection for symptomatic patients and gloving when administering vaccines containing pertussis, especially when these tasks are being performed by the same staff and in the same office space. It is also important to pay close attention to environmental cleaning of these areas as this might reduce the chances of a false positive pertussis lab result due to environmental contamination.

**ACIP Proposed Updates to Pertussis Vaccination Recommendations**

In light of the ongoing pertussis outbreak in California that led to dramatic increases of patients younger than the age of six months admitted to the Children’s Hospital of Orange County, the Advisory Committee on Immunization Practices proposed updates to the routine pertussis vaccination schedule in adults aged 65 years and older and in children between 7 and 10 years. In a unanimous vote taken October 27, 2010, the committee recommended the following two parts be updated to the recommendation of Tdap in adults 65 years and older:

*continued on page 24*
MICHAEL J. KHOURI
ATTORNEY AT LAW

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• Recommendation for the purposes of cocooning: adults aged 65 years and older who have or anticipate having a close contact with infants aged younger than 1 year (such as grandparents and health care providers) should receive a single dose of Tdap to protect against pertussis and reduce the likelihood of transmission in infants less than 12 months.

• Wording to be: for adults aged 65 years and older, a single dose of Tdap vaccine may be given in place of a tetanus and diphtheria toxoid vaccine in those who have not received Tdap.

Proposed changes to the recommended use of Tdap in children aged between 7 and 10 years include:

• Children aged 7 to 10 years who are not fully immunized against pertussis and for whom no contraindication for pertussis vaccine exists should receive a single dose of Tdap to provide protection against pertussis.

• If additional doses of tetanus and diphtheria toxoids are needed than children aged 7 to 10 years should be vaccinated according to catch-up guidance. Further guidance will be forthcoming on timing of re-vaccination in persons who have received Tdap prior to age 11 years.

• Children aged 7 to 10 years who have never been vaccinated against tetanus, diphtheria or pertussis or who have unknown vaccination status should receive a series of three vaccinations containing tetanus and diphtheria toxoids. The preferred schedule is a single dose of Tdap followed by a dose of TD more than 4 weeks after Tdap and then followed by another dose of TD 6 to 12 months later. If not administered as the first dose, Tdap can be substituted for any other TD doses in the series.

Language on Tdap Interval Removed
The committee also voted that uncertainty about whether someone had recently received a TD vaccine should not rule out the requirement for receiving the combined vaccine that also protects against pertussis.

In 2005, ACIP recommended an interval of at least 5 years between doses to reduce the risk for local and systemic reactions after Tdap vaccinations. The October 27 vote supported the removal of the interval language and states that "Tdap can be administered regardless of interval since the last tetanus or diphtheria containing vaccines."

The CDC is not obligated to follow the ACIP’s suggestions, but it usually does. It is anticipated that the formal CDC statement will be issued in an upcoming MMWR.

Action Requested:
The ATCHHSD asks you to continue to increase your clinical suspicion for pertussis in the differential diagnosis when appropriate – including in evaluation of immunized patients with mild illness. If you clinically suspect pertussis, especially if epidemiologically linked to a confirmed case, please consider appropriate pertussis treatment during that initial visit even before obtaining the lab results. Also, please continue to insure that all patients are up-to-date on their immunizations. Additional details regarding pertussis in Austin/Travis County can be found at: www.ci.austin.tx.us/health.

For further questions please contact the Epidemiology and Disease Surveillance Unit at (512) 972-5555.

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Health Department Notifiable Conditions
In addition to pertussis, there are many other conditions that require notification to local and/or regional health departments. Some of the notifiable conditions are listed below. For a full list, visit www.dshs.state.tx.us/idcu/investigation/conditions.

STDs
Chlamydia, GC, Syphilis

Vaccine Preventable Diseases
Pertussis, Chickenpox, Hepatitis

Infectious Diseases
Salmonella, Shigella, Listeriosis, Vibrio Infections

Zoonotic Diseases
West Nile Fever, Typhus, Possible Rabies

Injuries and Exposures
Drowning/Near Drowning, Head/Spinal Cord Injuries, Lead

In addition to specified reportable conditions, any outbreak, exotic disease, or unusual group expression of disease that may be of public concern should be reported by the most expeditious means available.

Austin/Travis County Health and Human Services Disease Surveillance – (512) 972-5555; www.ci.austin.tx.us/health

Texas Department of State Health Services – (800) 705-8868; www.dshs.state.tx.us/idcu/investigation/conditions

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The Top Ten Things To Know About Consent For Treatment Of Minors

Hugh M. Barton, JD
Health Attorney

Q: Who must consent to treatment of a minor?
A: Parents have a legal duty to provide “clothing, food, shelter, medical and dental care, and education” to children. There is corresponding parental right to consent to the child’s “medical and dental care, and psychiatric, psychological, and surgical treatment.” So when a minor child requires medical attention, Texas physicians should obtain consent from one of the child’s parents. This is a general rule, but there are instances when a minor can consent to certain types of treatments on their own. These are listed below.

Q: Who can consent when parents are not available?
A: When a parent (or legal guardian) is not available, cannot be contacted and has not given actual notice to the contrary, then the following persons (in the order listed) may give consent: (1) a grandparent; (2) an adult brother or sister; (3) an adult aunt or uncle; (4) an educational institution in which the child is enrolled that has received written authorization to consent from a person having the right to consent; (5) an adult who has actual care, control, and possession of the child and has written authorization to consent from a person having the right to consent; (6) a court having jurisdiction over a suit affecting the parent-child relationship of which the child is the subject (that is, when a divorce or custody suit is pending); (7) an adult responsible for the actual care, control, and possession of a child under the jurisdiction of a juvenile court or committed by a juvenile court to the care of an agency of the state or county; or (8) a peace officer who has lawfully taken custody of a minor, if the peace officer has reasonable grounds to believe the minor is in need of immediate medical treatment.

Q: What are the documentation requirements for consent by non-parents?
A: The Texas Family Code requires that the persons listed above execute a written consent to treatment form with all the following elements: (1) the child’s name; (2) the parent’s name (if known) or name of any managing conservator or guardian; (3) the name of the person giving consent and their relationship to the child; (4) a statement of the nature of the medical treatment to be given; and (5) the date treatment is to begin.

Q: What about immunization?
A: The list of persons who can consent to immunization is broader than the list of persons who can consent to regular medical and dental care. The persons to whom the law “defaults” are, of course, a child’s parents, and after divorce the “managing conservator” and “possessory conservator.” Beyond that, grandparents, adult brothers or sisters, adult aunts or uncles, stepparents, schools with written consent, other adults with written consent, courts, and “the child’s primary caregiver” may consent to immunization – in that order. A problem obviously arises when a person that can only consent to immunization wants to consent to other treatment at the same time.

Q: When can minors consent to their own treatment?
A: Texas law allows a minor child to consent to treatment in several situations, for example, if the child:
- is on active duty with US armed services; or
- is (a) 16 years of age (or older), resides separate and apart from the child’s parents (managing conservator or guardian) with or without the consent of the parents; and (b) manages his or her own financial affairs, regardless of the source of the income; or
- consents to the diagnosis and treatment of an infectious, contagious, or communicable disease that is required by law or a rule to be reported to the Texas Department of State Health Services; or
- consents to examination and treatment for drug or chemical addiction, drug or chemical dependency (or other condition related to drug or chemical use); or
- is unmarried, is the parent of a child, and has actual custody of the child and consents to medical, dental, psychological, or surgical treatment for the child.

Q: If a minor has a child, do we have to get a grandparent to consent so we can treat their child?
A: No. The Texas Family Code, in imposing the duty to provide medical and dental care, talks about the rights of a “parent” – not limited to an adult parent – but any parent. Thus nowhere in this law is the term “parent” used in such a way as to conclude the Legislature meant only adult parents.

Q: What about mental health counseling?
A: A minor may consent to counseling for suicide prevention, chemical addiction or dependency; or sexual, physical, or emotional abuse. A physician may counsel the minor without the consent of their parents. On the other hand, if a parent has not consented to this counseling, they are not required to pay the physician’s bill.
Q: What is an “emancipated minor?”
A: This term is somewhat of a misnomer, as it technically refers to a minor who has petitioned for, and received from a court, an order to “have the disabilities of minority removed.” Unless this procedure occurs, then a minor is not a true “emancipated minor.” A minor may petition to have the disabilities of minority removed for “limited or general purposes” if the minor:
• resides in this state;
• is 17 years of age, or at least 16 years of age and living separate and apart from the minor’s parents, managing conservator, or guardian; and
• is self-supporting and managing the minor’s own financial affairs.

The minor may file suit in their own name. However, the minor’s parent or guardian must verify the petition. Except for specific constitutional and statutory age requirements (i.e., voting, alcohol, etc), a minor whose disabilities are removed for general purposes has the legal capacity of an adult, including the ability to contract.

Q: What about pregnancy?
A: Under the Texas Family Code, if a child is unmarried and pregnant, she may consent to treatment “related to the pregnancy” (i.e., hospital, medical, or surgical treatment), other than abortion.

Q: When can a minor get an abortion on her own?
A: Based on US Supreme Court rulings, a minor may obtain an abortion under certain circumstances. These rulings are enshrined in the Texas Family Code, but with restrictions on physician behavior: a physician may not perform an abortion on a pregnant unemancipated minor unless he gives at least 48 hours actual notice, in person or by telephone, of his intent to perform the abortion to a parent of the minor (or court-appointed managing conservator or guardian). The physician may execute an affidavit stating that, according to the best information and belief of the physician, notice or constructive notice has been provided, and include that affidavit in the minor’s medical record. A parent, guardian, or managing conservator may waive the requirement of 48 hours actual notice by an affidavit.

If the person to whom notice must be given cannot be notified after a “reasonable effort,” a physician may perform an abortion if he gives 48 hours constructive notice, by certified mail, restricted delivery, and sent to the last known address, to the person to whom notice may be given. The time period begins when the notice is mailed. If the person to be notified is not notified within 48 hours, the abortion may proceed even if notice by mail is not received.
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Sublease Available: Round Rock sublease available, flexible days, $150/half day. Four exam rooms plus 2 larger procedure areas. Fully furnished, computers, phones, fax and copier. Two miles west of Round Rock Medical Center. Contact Joel Haro at joel@pmgmt.com or (512) 406-0158.

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For Lease: Northfield Professional Building, 101 W Koenig. 4000 or 8500 sq/ft of shell space. Free parking. Contact Joel Haro, joelharo@pmgmt.com for rates and terms.

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Physician Opportunity: Family Practice locum tenens needed at the Travis County Employee Wellness & Health Clinic starting March 1, 2011. The clinic treats employees and family members 10 years and older. Email hari.dhir@co.travis.tx.us.

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Lymphocytic Leukemia

Lymphocytic leukemia is a cancer of the bone marrow. It can be a rapidly developing and more aggressive form of disease called acute lymphocytic leukemia (ALL) or a slowly developing and less aggressive form called chronic lymphocytic leukemia (CLL). In both of these forms, the bone marrow produces an excess number of abnormal lymphocytes (a type of white blood cell) that under normal conditions are responsible for fighting infection by producing antibodies (proteins that fight infection). These leukemic cells (malignant white blood cells), known as lymphoblasts in acute leukemia, adversely affect immunological response (ability to fight infections) and can accumulate in different organs such as lymph nodes, spleen, liver, brain, and spinal cord, impairing their functions. ALL and CLL affect mostly older white men but also individuals who were exposed to radiation or previous chemotherapy, have certain genetic disorders (such as Down syndrome or chromosome 22 Philadelphia), or are of Eastern European Jewish ancestry.

Symptoms and Signs

Lymphocytic leukemia may have no symptoms initially. However, as leukemia cells replace the bone marrow, the number of red blood cells, normal white blood cells, and platelets in the blood decreases. That is why several seemingly unrelated symptoms and signs occur in lymphocytic leukemia:
- Painless lumps in the neck, armpit, or groin
- Fatigue and shortness of breath due to anemia (a decreased number of red blood cells)
- Fever and repeated infections
- Pain in bones, ribs, or abdomen
- Easy bruising and bleeding due to low numbers of platelets
- Loss of appetite

Posttransplantation Care

Lymphocytic leukemia is suspected when a patient has new lumps under the skin, pain in the bones, and easy bruising. Bone marrow and blood samples revealing an increased number of leukemic cells provide the diagnosis, and further analysis of these cells may indicate the prognosis (future course of the disease). Lymphocytic leukemia is a treatable disease and many patients enjoy their lives for many years after diagnosis. There are several treatment options depending on the aggressiveness of the disease. If the leukemia is more advanced, patients can be treated with chemotherapy (drugs that kill cancer cells) or radiotherapy (radiation to kill cancer cells). Sometimes splenectomy (surgical removal of the spleen) is necessary. Recently, a targeted therapy (drugs and antibodies that recognize and selectively destroy leukemia cells) has been developed and used. Continuation of remission (keeping the disease under control) to prevent recurrence of leukemia can also be achieved with chemotherapy. In more aggressive forms of lymphocytic leukemia, chemotherapy may be assisted by an autologous stem cell transplant (using the patient’s own stem cells) and biological therapy (a boost of the immune system) to eradicate leukemic cells from the bone marrow.

For More Information


National Cancer Institute: www.cancer.gov/cancertopics/pdq/treatment/CLL/patient
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