

The Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

Winter 2021





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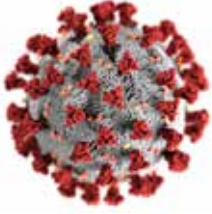
The Physician Wellness Program contracts with independent, doctorate-level clinical psychologists, licensed mental health counselors and family therapists who have been evaluated by the HCMA Physician Wellness Committee.

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COVID-19 Resources



During this most difficult and stressful time, the HCMA is pleased to be able to provide resources for members including, but not limited to:

- Continual COVID-19 pertinent information & updates
- Legal resource center & hotline
- Pertinent webinars on topics such as, Telemedicine, Virtual Practices, Managing HR, Maximizing Government Support Dollars, Getting Back to a New Workplace Normal, etc.

- Marketing your practice during COVID-19
- HCMA Foundation Physician Wellness Program Counseling & Coaching
- Virtual Town Hall Meetings featuring expert panelists

For links to all of the HCMA's COVID-19 News & Resources correspondence, email your request to: Elubin@hcma.net

DOH call center, available 24/7

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Got Something To Say?

To submit an article, letter to the editor, or a photograph for *The Bulletin* cover, please contact Elke Lubin, Managing Editor, at the HCMA office. All submissions will be reviewed by Bulletin Editor, David Lubin, M.D. We encourage you to review *The Bulletin's* "Article Guidelines" which can be emailed to you.

The Bulletin is YOUR publication. You can express your views and creativity by participating.

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About the Cover

This issue's cover was taken by HCMA member, Dr. Anthony Goldman. It was taken in May 2021 in the Sabi Sands Game Reserve, Londolozi, South Africa, using a Canon EOS-1D Mark II body, with the Canon 500mm f/4.0 lens and a 1.4 x extender-hand held, no flash, and for those interested, shot at f/5.6, 1/640s, iso 320.



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The Bulletin is the official publication of the Hillsborough County Medical Association, Inc., 3001 W. Azelee St, Tampa, Florida 33609, (813) 253-0471.

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President's Message

Is the patient always right?

Joel Silverfield, MD

joel.silverfield@baycare.org



I just got off the phone with an old friend who had been my patient for many years until he moved away. As always, he was charming, pleasant, and our conversation was delightful. Just as I was wondering exactly why he had reconnected with me, he asked the question: "Doc, would you mind prescribing Ivermectin for me as my doctor in Georgia doesn't seem to want to do it." I spent the next 10 minutes trying to explain why I didn't think

that was a good idea, brought out the science, etc. His entire demeanor changed, and he began to pressure me for the prescription reminding me of our long-term friendship.

That experience left me wondering how far should a physician go to please their patient? There is a spectrum from ordering an unnecessary blood test to a probably unnecessary Z-Pak, to a drug that is potentially harmful and not indicated. The COVID pandemic has created battle lines along political and religious beliefs that is turning patients and doctors against one another. During my training some 40 years ago, it was drilled into us that the patient always came first. While presenting one of my patients, I noted that the patient was an alcoholic, had some dementia and was a poor historian. My professor yelled at me that there were no poor history givers, but just poor history takers. We were told to put our own personal safety secondary to that of our patients. We were expected to work 80 hours a week, with no sleep, and had 1 day off a month, if we were lucky. We were exposed to patients (while we were wearing no masks, gloves, nor any type of protective equipment) who had active TB, HIV, and what was known then as non-A non-B hepatitis. I lost colleagues to hepatitis C, who became infected during that time and after my PPD converted, I had to be treated with isoniazid for tuberculosis.

Doctors are now being rated on social media and other social review platforms such as Google and Yelp. We are no different than restaurants, mechanics, housecleaning services, handymen or plumbers. Any patient who has a complaint, from waiting time, to office staff behavior, to not getting their pain medication refilled, can post a complaint with absolutely no repercussion. Severing the doctor-patient relationship is very difficult to do, particularly in a corporate setting. I have had patients who were absolutely brutal and disrespectful to my staff but find that there is little recourse available. I am concerned that this will lead to poor medical care. When patients are angry

or lack confidence or respect for their physicians and their staff, this cannot be good for their long-term health. Nationally, there appears to be a shift from earlier in the pandemic when medical workers were being celebrated as heroes, to current times where they are often being treated disrespectfully. No wonder burnout in the medical professions is reaching such high levels. While talking to some of my fellow physicians, they seem almost frightened by patients and feel pressure to accommodate them for just about any request. This relationship is further impacted by doctors being placed in a position of responsibility for patients getting their medications refilled, their mammograms and blood tests completed, and even showing up for their appointments. If a patient is diabetic, we are actually held accountable for whether or not they get their eyes examined. I think this is leading us onto a dangerous pathway whereby the doctor is supposed to be an all-seeing nanny and we actually care more about the patient's health than they do. This will force us into a paternalistic/maternalistic system reducing the patient's power of self-determination and clearing the way for government mandates for everything from taking medication to having a colonoscopy to having surgery.

This flies in the face of patient information portals and the entire philosophy of transparency which are designed to increase patient power.

So, to answer the question: Is the patient always right? It depends on so many things, but always in the end, it depends on what is best for the patient.

Therefore, I did not end up filling the Ivermectin prescription and I suspect I will not be hearing from my old friend again anytime soon.



HCMA.net



MARK YOUR CALENDAR!

HCMA's first Membership Dinner in 2 years!

February 8, 2022

Westshore Grand Hotel

Social: 6:30pm/Dinner & Program: 7:30pm

Special Guest:

Rodney Kite-Powell, Director, Touchton Map Library, at the Tampa Bay History Center, will share snapshots and stories of the history of Tampa from the 1800s to modern times. Trace Tampa's history from its beginnings as a frontier outpost to the vibrant city it is today.

Watch your email for further details.



HCMA In Brief

YOU'VE GOT MAIL!

The dues statements for 2022 HCMA Membership Renewal have been mailed and emailed! Membership renewals are due January 1, 2022. Dues payments can be made online at: hcma.net/join-renew

Call the HCMA office if you have any questions concerning your membership: 813.253.0471.

Please note! In an effort to go paperless, beginning with the 2023 dues statements, HCMA will send statements electronically and ask members to consider paying their dues online. Dues payments can also be mailed to the HCMA office or accepted over the phone, via credit card.

NEW ADDRESS REMINDER

In June 2021, the HCMA office moved. Our new address is 3001 W. Azeele Street, Tampa, 33609. Please pass this information to your administrative staff and accounts payable department – many payments and correspondence to the HCMA have been mailed to the old address, thus delaying a response from us.

MEMBERSHIP DINNERS

HCMA's in-person membership dinners at the Westshore Grand Hotel will resume, beginning in February 2022. Social hour will begin at 6:30pm, the program and dinner will follow at 7:30pm. Please mark your calendars – program details and registration information is forthcoming. Sponsorship and exhibiting opportunities are also available. Call the HCMA office for specifics: 813.253.0471.

Tuesday, February 8, 2022 – Special Guest: Rodney Kite-Powell, Director, Touchton Map Library, at the Tampa Bay History Center, will share snapshots and stories of the history of Tampa from the 1800s to modern times.

Tuesday, May 10, 2022 – Dr. Eva Crooke will be installed as HCMA's 2022-2023 President.

MISSED A WEBINAR OR VIRTUAL SOCIAL?

Visit the HCMA's YouTube channel to catch up on recent virtual events including the Women in Medicine social, the retired members' Lunch Bunch, and COVID-19 Town Halls. Visit YouTube.com, search "Hillsborough County Medical Association," and click that subscribe button!

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END-OF-YEAR GIVING

We know you have many options when it comes to your end-of-year giving. The HCMA Foundation is a 501c3 charitable entity. Donations can be made to the general Foundation fund or to the Physician Wellness Program. Other ways to make donating easier, when getting ready to shop on Amazon, choose AmazonSmile instead. You will have the opportunity to choose your favorite charity. There is no extra cost to you; Amazon will donate .5% of your purchase to the charity you chose. PS – the Hillsborough County Medical Association, Foundation, Inc. can be found on AmazonSmile. A good tool for vetting other charities is charitynavigator.org. Happy giving!

MARKET YOUR PRACTICE

Preparations are being made for the Summer 2022 edition of the HCMA's Annual Membership Directory. HCMA members can enhance their listing and/or place an add at a discounted rate. Visit HCMA.net, click on "members" and then "membership directory" to see the current edition. For advertising information in the 2022 issue, visit <https://reserveyourad.com/HCMA/>





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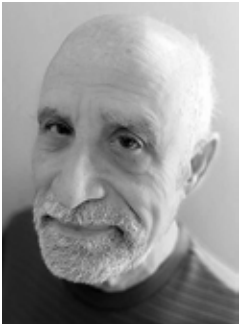
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Editor's Page

It can only get better?

David Lubin, MD
dajalu@aol.com



After I received the Fall issue of *The Bulletin*, I again admired the cover photo taken by Dr. Jay Rao. When he told me it was South Lake Tahoe in California, I had to do some research, as I always considered Lake Tahoe to be in Nevada. Sure enough, Southern California. But then I remembered that I had heard of catastrophic fires threatening the area, and as it turned out, it was the Caldor fire but it was

later rebuffed before much damage could be done to that scenic expanse.

Then I started thinking...2020 was a pretty bad year, and 2021 was supposed to get better, but, due to any number of reasons you choose, it certainly didn't. It was almost as if we were living in modern biblical times, with ten new plagues, some more fierce than others, some very similar to those thousands of years ago.

I refreshed my memory from days of old and found an interesting article regarding the interpretation of the original ten plagues and how they might have come about. You might agree or disagree, but it made for interesting reading.

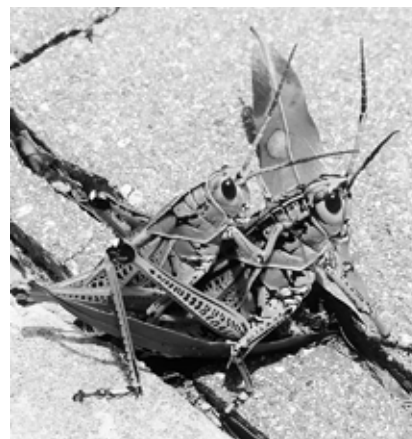
The Office for Science and Society is an organization dedicated to science education, operating from Montreal's McGill University. Its staff and contributors use courses, mass media, special events and books to debunk pseudo-scientific myths and improve scientific literacy. The following is a summary from their website:

Their explanation of the plagues can be explained as a chain of natural phenomena triggered by changes in the climate and environmental disasters. I'm sure there are many other interpretations and explanations, but I chose this one for my comparisons.

Studies of stalagmites in Egyptian caves have shown the possibility that rising temperatures could have caused the Nile River to dry up and turn fast flowing water into a muddy, "bloody" water flow, plague #1. Red tide existed back then too, and when the algae died in slow moving warm waters, it stained the water red.

The toxic algae could have forced frogs (#2) to flee the water and die on land thus causing lice (#3), and flies (#4) to flourish. Along with insects would have come disease, particularly pestilence of livestock (#5)...Ivermectin, anyone?...and boils (#6), which, possibly through the spread of anthrax, affected the Egyptian population, and Congress a few years back.

Then, due to volcanic eruptions of Thera, on the Mediterranean island of Santorini, about 3500 years ago, voluminous amounts of ash might have triggered hailstorms (#7), releasing much rain, perfect for the growth of locusts (#8), and darkness (#9), due to the volcanic ash blocking the sunlight. Although there are no volcanoes in Egypt, pumice, made from cooled volcanic lava, has been found in Egyptian excavations. And studies of the pumice have shown that it originated from Thera.



Finally, plague #10, the most severe, was the death of the first born Egyptian male children, possibly caused by a fungus which may have poisoned grain supplies.

Or, as the Office of Science and Society concludes, "It could have all been divine intervention. Who knows?"

But back to today and the modern-day Ten Plagues, in no particular order...

The threat of fire (#2) at South Lake Tahoe was just one fire of dozens threatening California and other western states. It occurs every year, but this year was one of the worst, even threatening 2,000-year-old sequoia trees.

Biblical plague #10 moved right on up to #1 with COVID, and over 700,000 deaths, despite modern medicine developing an effective vaccine to prevent it.

Climate change has been claimed by many to be the cause of more intense hurricanes (#3), more widespread wildfires (#2), as well as horrific flooding (#4) not seen in some areas for 500

(continued)

Editor's Page (continued)

years. Even locusts made a semblance of a reappearance with 2021 being the 17th year of the cicada (#5) reemergence, and many of us have had the eastern lubber grasshopper devour our gardens. They're indestructible, except to a pair of loppers or a well-thrown brick. We Lubins had our own little minor plague of dry wood termites (#5a) and had to tent. A pain of biblical proportions (a little literary license there).

And there are some more "modernistic" plagues around. The cargo ship, Ever Given, stuck in the Suez Canal for 6 days, was just the tip of the iceberg in shipping delays, with hundreds of other cargo ships backed up in ports around the world, thus delaying consumer items from reaching retail outlets. There was a shortage of everything from cars to toys to toilet paper, and even bottle caps (that's why they're out of varieties of Gatorade, according to Publix) resulting in the "Sorry, we're out" plague (#7).

The misinformation plague (#8) based mainly on the Internet, with regards to COVID, elections, celebrities, TikTok challenges, your ex brother-in-law, and now the Facebook allegations...good luck, Zuck!

And it doesn't matter which side you're on, Republican, Democrat, or Independent, or bipartisan, but a divided Congress (#9) is a plague in its own right.

And lastly, on my list anyway, but I'm sure there are others, is cable TV (#10). We all have our horror stories to tell. Mine recently involved Frontier Communications, HBOMax, and Google Play, all nicely assembled together for one Frankensteinian horror tale.

It's been a helluva two years. Maybe this year, "It can only get better" has a chance. We've had positive things happen too. Some of us have had children, grandchildren, gotten married, attended weddings and other family events, been to a Super Bowl, a Stanley Cup, finally gotten to a concert, or even just eaten out at a restaurant.

Things might be looking up.

Let's all hope!

Happy Holidays and a healthy and prosperous New Year to you all!

Due to a printing error, the last paragraph of the Fall 2021 Editor's Page was omitted. To view the article in its entirety, please visit:

<https://hcma.net/wp-content/uploads/2021/09/HCMA-Fall-2021.pdf> (page 10)

Letters to the Editor can be submitted to:

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Executive Director's Desk

A Step Back in Time – Part II

Debbie Zorian

DZorian@hcma.net



I hope you enjoyed “A Step Back in Time – Part I” which was published in my last Bulletin column...

Chapter Five: The War Abroad and at Home, 1941-1949

By 1940, the United States was recovering from the long years of depression.

Although the U.S. refrained from joining the war in Europe, which began in 1939, residents of Tampa were aware of the military preparations being made. The construction of MacDill Air Force Base was completed in 1940 and Tampa natives began to prepare for combat after the bombing of Pearl Harbor. The HCMS President formed the Medical Preparedness Committee to plan ways the society could help in the war effort, and to study the effects of the war on the medical profession. Many of the society's goals, that emerged from the 20s and 30s, were abandoned due to the concentration on the war. However, when the war ended, the society regained its vision of an improved medical community free of contract practice and socialized medicine.

Many society members served in the Armed Forces during World War II. In addition to taking on increased caseloads due to a reduced number of physicians in the county, HCMS members spent extra time conducting physical exams for the Selective Service and draft boards. The society also helped to support the war financially by investing in war bonds. In 1944, HCMS used \$1,000 of its savings to purchase sixty-five war bonds that drew two and half percent interest. At that time, the society also focused its efforts to combat venereal disease and tuberculosis. Blood banks were also formed throughout the state and the HCMS donated \$200 to begin one in Hillsborough County.

In 1948, the Society decided to incorporate and the Hillsborough County Medical Association (HCMA) was formed. By changing its name from Society to Association, the HCMA felt a closer identity with the FMA and AMA would bolster its professional status. The most important revisions dealt with the organizational structure of the society. New By-laws called for the formation of an Executive Committee where motions, resolutions, and committee reports were approved or rejected

before being presented to the entire membership. Delegates to the FMA and AMA were also selected. A telephone answering service was established along with a doctors' registry, assistance for financially troubled members, and membership dinner meetings.

An insurance plan through the establishment of Florida Medical Service Corporation (later known as Blue Shield of Florida) was formed by the FMA. The insurance coverage was to be influenced by physicians rather than commercial or government agencies. However, a crisis presented itself when President Harry S. Truman unveiled a national health plan in 1949. A public campaign strategy began while HCMA vigorously condemned any form of compulsory health insurance. The HCMA made headway by joining the AMA's national campaign which defeated Truman's health insurance proposal. Moreover, in sponsoring the Florida Medical Service Corporation's insurance plan, the Association helped design an alternative to socialized medicine.

Chapter Six: Meeting the Challenges to the Medical Profession

In suburban apartments in Temple Terrace, aging housing in Hyde Park, ballrooms of downtown hotels, and Latin clubs in Ybor City, the residents of Hillsborough County reminisced about the passing decade and spun dreams of the upcoming era.

The 1950s was thought to be a peaceful era, bringing about hope and celebration. Although there was hesitation and it took over one year to come to fruition, the most important improvement within the Association took place in 1952 when HCMA accepted its first two African American members, Drs. R. Reche Williams, Sr., and E.O. Archie.

The HCMA continued to promote voluntary health insurance and attempted reforms. The HCMA and FMA voted not to participate in a new contract with Blue Cross/Blue Shield (BC/BS) as the plan called for an extension of service that would include Floridians of higher income. However, the FMA House of Delegates voted in favor of the increased income limit. Despite being on the losing side, the HCMA agreed to continue its participation.

The role the HCMA took on in one of the most vigorously fought political battles of the decade, was also discussed in

(continued)

Executive Director's Desk (continued)

this chapter. The victory of Congressman George Smathers over Democratic Senator Claude Pepper was considered a triumph for physicians. HCMA members had made individual contributions totaling \$10,400 to the Smathers campaign fund. They also actively campaigned for the election of General Dwight D. Eisenhower as his platform included an anti-socialized medicine plan. When he won, physicians rejoiced.

As the HCMA endeavored to preserve its independence by ensuring that the public would have no cause to complain about its services, a Grievance Committee to hear complaints of patients against physicians was formed. Most problems brought forth involved fees, but the threat of malpractice suits was such a concern a separate group was established called the Board of Censors. The Board served as an investigator of violations and professional codes and standards, while helping members become better informed about their patients by encouraging them to attend various clinics and courses held around the state.

Furthering its mission to better communicate with and educate members, the HCMA Executive Council approved the sponsorship of an HCMA journal, *The Bulletin*, and sought advertisers in order for it to become self-sustaining. As the business affairs were carried out by the HCMA officers and Executive Council, the time had come to search for much needed assistance. A Search Committee was formed and Ms. Amelia Hapke was hired as the HCMA Executive Secretary in 1955. From a 12-page newsletter sent to 180 members, *The Bulletin* expanded to a 44-page journal with a circulation of 825. As a side note, Ms. Hapke's tenure at the HCMA lasted 25 years.

Public health issues also became more important during this decade. Educating the public on specific medical topics, providing speakers for local civic groups, and designing and staffing a medical exhibit at the Florida State Fair each year, helped thousands of people learn how to better care for their health.

Chapter Seven: The War Against Socialism, 1960-1969

In May 1959, the HCMA physicians heard warnings that the war against socialism was about to take a new turn.

In 1960, physicians began to accept the belief that their unwillingness to become involved in government issues enabled legislators to pass action unfavorable to medicine. One editorial in *The Bulletin* commented, "doctors lost leadership by default." When President John F. Kennedy took office in 1961, he declared his intent to renew the fight for government sponsored health care for the elderly. While the AMA continued to take a stand on the national level, the HCMA encouraged county medical societies to join the fight on the grassroots level. The Hillsborough and Pinellas medical and dental societies created the Medical Education and Development Information Committee (MEDIC) which was mirrored after the AMA and FMA political entities, AMPAC

and FLAMPAC.

Dr. Edward Annis, AMA President in 1964, touted the task of communicating with and influencing legislators as part of the responsibility for all physicians. The fight against socialism became more hostile with organized campaigns created by the AMA. The medical profession became involved by getting to know their elected officials, campaigning for their issues, and encouraging their patients to do the same. Doctors' spouses became involved, a speaker's bureau was formed, and efforts were abundant. However, despite all the many efforts, President Johnson signed Medicare into law in 1965.

Although the HCMA vowed to oppose all tactics or bills that would support socialized medicine, its members rejected the proposal by the American Association of Physicians and Surgeons that physicians refuse to participate in Medicare. In meetings held throughout the state, physicians discussed fee schedules and methods of billing Medicare patients. The Association supported a "Sick Doctor Law" that allowed the State Board of Medical Examiners to revoke a physician's license for improper practice of medicine due to mental illness, alcoholism, or the use of drugs and narcotics. The Grievance Committee continued to play an important role and as complaints and court cases increased, so did the HCMA's public relations efforts.

One of the most active areas of community involvement was with the Hillsborough County school system where members would educate high school students on the effects of drugs and sexually transmitted diseases. I also learned that in the late 60s, the HCMA produced a program on a local television station, "Call Your Doctor," where members addressed certain medical topics once a week for their viewing audience. This reminded me of the HCMA's monthly "Ask A Doc" program televised on Channel 13 from 2003 – 2005. The program served as a great public relations tool during those three years.

As the 70s approached, physicians anticipated future changes and eagerly awaited computer innovations that would lighten their increasing burden of paperwork and record keeping. Employing the techniques of lobbying and effective advertising, the HCMA had expanded its involvement in the community and had matured politically. By compromising on some issues to save others, the HCMA carefully applied lessons learned in the past. Even today, lobbyists for the medical profession continually compromise while choosing to support bills they feel are most advantageous to medicine. It is a give and take that will never end.

Conclusion:

From 1895–1970, members of the HCMA endeavored to prove themselves as professionals in control of the medical field. They sought to elevate their status in the Tampa community and met threats to their goals with increased organization, profession-

(continued on page 14)

Physician Family Alliance News

What's in a name?

Bill Butler

President, Physician Family Alliance

bbutler6@gmail.com

To better reflect who we are as an organization, the Alliance executive committee has voted to change our name to "Physician Family Alliance." This certainly better reflects our focus on our physician families.

To reduce paper consumption, the HCMA PFA sent 2022 membership statements via email in October. If you would like another statement emailed to you, please contact Elke Lubin (ELubin@hcma.net); dues can be paid via return email with credit card information or mailed with a check to: HCMA Alliance, 3001 W. Azeele St., Tampa, FL 33609. **Please note - the HCMA and the HCMA Alliance are separate memberships.** We hope you will consider joining the HCMA Physician Family Alliance - to complement your HCMA membership.

Also in October, Alliance members received the latest issue of *Physician Family Magazine*. The theme of this issue is "working together," and it contains some excellent articles. As the editor,

Donna Baver Rovito, points out, "We've rediscovered the importance of working together within the practice of medicine, within our communities, within our families and circle of friends, and all around our world to provide support and hope to others." I do hope you enjoy this issue.

Also of note, the HCMA Physician Family Alliance will hold our annual **Go Red for Women** fundraiser this coming February on February 26, 2022, at the home of Dr. Madelyn and Bill Butler. Again, our event will raise money for the HCMA Foundation. Please save the date and watch your emails for more information.

Finally, we are looking for a few good physicians and spouses to join our Physician Family Alliance as volunteers. There is very little time commitment for these positions, and your participation would surely be welcomed. Please let me or Michael Kelly know if you are interested.

HCMA Physician Family Alliance Officers:



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Michael Kelly
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John Hotchkiss
Alliance Membership/Outreach
johnhotchkiss7@gmail.com

Executive Director's Desk (continued from page 13)

alism, and political strength. By way of these efforts, the HCMA helped form the advancement of modern-day Tampa and Hillsborough County.

Reflection:

While the "what" physicians do has changed drastically, the efforts in "how" physicians effectively serve their patients have not. HCMA's leaders of today have much more in common with

HCMA's founders than I realized. Due to the countless advancements and changes in the variety of practice settings, the views of what the HCMA should stand for have had to be altered. However, the basic principles are still sound. The HCMA continues to serve as advocates for its valued physician members, for their patients, and for our communities.



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Florida Legislative Session

HCMA's 2022 Legislative Priorities

Eva Crooke, MD Chm., Government Affairs Committee

President Elect

eva.austin@gmail.com



The 2022 Florida Legislative Session is being held January 11 through March 11. Your HCMA Government Affairs Committee has compiled the list of priority issues below.

An excellent tool for identifying legislators in Florida is the *Know Your Legislators* guide. For \$6.50 you can purchase a spiral bound guide of all legislators in our state, including photos, committee assignments, terms, and more. Visit <http://aif.com/kyl/> for more information and to order. You can also identify the members of the Hillsborough Legislative Delegation by Googling “Hillsborough Florida Legislative Delegation” and visiting the hillsboroughcounty.org page listing our legislators and their contact information.

If you are interested in learning more about the HCMA's Government Affairs Committee and our legislative efforts, feel free to contact me or Debbie Zorian, HCMA Executive Director (dzorian@hcma.net).

1. HB 17 and SB 312 regarding telehealth

- This legislation amends current statutes on telehealth so certain controlled substances can be prescribed via a telehealth encounter. This would narrow the prohibition to include only those controlled substances which are schedule II. Medications in schedules III, IV, and V would therefore be allowed.
- The senate bill also includes a change to the definition of telehealth to include audio-only telephone calls, which are currently excluded.
- Continued access to healthcare via telehealth is necessary for our patients. The need for payment parity for virtual visits at the same rate as in-person visits is crucial for the viability of telehealth.

2. Covid liability protections

- Civil Liability for Damages Relating to COVID-19 (SB 72) – This legislation enacts specific provisions for COVID-19 related claims against healthcare providers that arise from

the diagnosis or treatment of COVID-19, the failure to diagnose or treat a patient for COVID-19, transmission of COVID-19, or delay or cancellation of procedures or surgery due to government-issued health standards. The bill also established affirmative defenses for healthcare providers and a shorter statute of limitations. This bill was signed by Governor DeSantis at the end of March 2021.

- This needs to be extended to continue protection for physicians.
- ### 3. Protecting DNA privacy act (HB 833 from 2021)
- Purpose of legislation is to protect a person's DNA from being collected or analyzed without their consent.
 - The law establishes new criminal offenses applicable to persons who, without express consent, collect or retain another person's DNA sample with the intent to analyze such sample, disclose another person's DNA sample to a third party, or sell or otherwise transfer another person's DNA sample results to a third party.
 - This requires a written consent after explanation of how the DNA sample will be collected, used, retained, and maintained, and how the results of the DNA analysis will be used.
 - Subsection 5 states “it is unlawful for a person to willfully, and without express consent, sell or otherwise transfer another person's DNA sample or the results of another person's DNA analysis to a third party, regardless of whether the DNA sample was originally collected, retained, or analyzed with express consent”. This is problematic as the term DNA sample is defined as “any human biological specimen from which DNA can be extracted.” With this definition, it is now a crime (second degree felony) to transfer any human biological specimen from which DNA can be extracted to a third party without consent – (ex: medical waste disposal, laundry with blood/urine/skin cells to outside services).
 - Also of concern are tests completed as secondary tests, like in pathology, where it is not known if “DNA” testing or analysis is necessary.

(continued)

Florida Legislative Session (continued)

4. Parental consent law (HB 241 from 2021)

- First legislation that specifically makes it a crime (first degree misdemeanor) to provide medical treatment to a minor child without written parental consent.
- Section 7 is concerning as it states, “except as otherwise provide by law, a health care practitioner may not provide or solicit or arrange to provide health care services or prescribe medicinal drugs to a minor child without first obtaining written parental consent.”
- The Department of Health was not granted rulemaking authority in this bill, and therefore cannot define these terms - provide/solicit care - would this include referrals to specialists, transfer of care, requesting second opinion?
- Does not apply to abortion, pregnancy, or STD testing/care, emancipated minors (would need certified copy of the removal of disabilities of nonage), married minors, or clinical laboratories unless services are delivered through a direct encounter as these are excluded by other laws. Cannot provide family planning/contraception unless patient is married, is a parent, or is currently pregnant.
- Questionable if it protects emergency medical care: clear statute that states parental consent not required for emergency medical care or treatment if the absence of such would endanger the health or physical well-being of the minor; however, this specifically states within a hospital or college health service and does NOT include physicians specifically in the pre-hospital care setting (only paramedics, EMTs, and EMS personnel are listed).
- Does not include Good Samaritan Act or the volunteer team physician statute that merely confer civil immunity from liability for providing health care services.
- Does not specify if there are 2 consents required, one for care and one for any Rx or if one would suffice.

5. SB 262, HB 6011, HB 6039 regarding recovery of damages in medical negligence and wrongful death

- The first 2 bills delete a provision prohibiting parents of an adult child from recovering damages for mental pain and suffering in a medical negligence suit.
- The 3rd bill authorizes adult children of certain decedents to recover specified damages in a wrongful death suit but retains the provision against parents of an adult child from recovering damages.
- These bills will increase both the number of lawsuits and the cost of insurance premiums for providers in our state, which are already disproportionately high compared to other states.

- With a physician shortage issue in Florida, this will further compound that problem as practicing in this state would not be financially feasible, especially in light of proposed Medicare rate cuts.

6. Scope of practice

- Promote quality of healthcare by requiring medical school training and licensure to practice medicine in FL.
- Clinical training hours:
 - Nurse Practitioner = 500
 - Physician Assistant = 2,000
 - Medical Student at end of year 4 = 6,000
 - Physicians w/ 3yr residency = 15,000
- Reducing physician oversight is not in the best interest of Floridians; we need to have clear boundaries on the scope of practice for physicians, ARNPs, PAs, & CRNAs as well as areas such as psychology, optometry, & pharmacy.
- Proposed PA name change of physician assistant to physician associate is misleading and confusing for patients.

7. HB 167 regarding abortions

- Requires the physician to conduct a test for, and inform a woman seeking abortion of, the presence of detectable fetal heartbeat.
- Prohibits the physician from performing or inducing an abortion if a fetal heartbeat is detected or if the physician fails to conduct a test to detect a fetal heartbeat.
- Provides exceptions (medical emergency only), but not in cases of rape, incest, etc.
- Authorizes private civil cause of action for certain violations; provides for civil remedies and damages – this is a very dangerous precedent to set in healthcare.
- 6-year statute of limitations and states anyone who aides or abets the patient can also be listed in a civil suit (someone who drives the patient to appointment, lends money to them, etc; what if patient shares this in their medical history – is the new physician required to report them?).

The HCMA also supports:

- Funding for Stop the Bleed kits (to control hemorrhage).
- SB440 overpayment of claims.
- Prior authorization legislation being crafted.
- Access to cancer medications (increased availability without need for prior authorization; tackling “white bagging” where the insurance company requires the medication be sent from their contracted pharmacy to the hospital or infu-

(continued)

Florida Legislative Session (continued)

sion center); FMA working w/ FL Hosp Assoc on legislation.

The HCMA has concerns regarding:

- HB 131/SB 466 Military Medics and Corpsmen of FL Program (while the program itself would be supported, specifically “perform activities that constitute the practice of medicine or nursing under direct supervision of a licensed physician/nurse” is concerning).
- HB 193/SB 348 Using Alternative Therapies to Treat Mental Health and other Medical Conditions (MDMA, psilocybin, ketamine for depression, anxiety, PTSD, bipolar, chronic pain, migraines).

Summer 2021 Directory Updates

HCMA’s Annual Membership Directory has been mailed to all physician members and is posted on www.HCMA.net under the “Members” listing. We try our best to keep members’ information updated but ask for your assistance. Please review your listing and submit any updates through the HCMA website, under “Members” and click on “update my profile.”

Please note the following updates to the Summer 2021 Annual Membership Directory:

Stone, Jeffrey D., MD

Specialty: Orthopaedic Surgery

Office phone: 813-978-9700 (updated)

13020 Telecom Parkway, N., Tampa, 33637 (updated)

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Mike Jensen
MSFS, CFP®, CFBS, AEP
Adjunct Faculty Member
USF School of Medicine



Jeff Anderson
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□ ————— □
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Medical Research

To beat Alzheimer's, Tampa seniors from underserved communities can get involved in clinical trials

Susan Steen, MD

SusanJSteen@gmail.com



How can study findings apply to our community when the volunteers pool doesn't represent our community's demographics?

Black Americans and Latinos are underrepresented in trials for diagnosing and treating Alzheimer's disease.

We need an accessible means of diagnosing Alzheimer's disease and research that demonstrates that new therapies and diagnostic tools work for all people. As a neurological researcher and an Alzheimer's patient advocate here in Tampa, I work on the front lines of the Alzheimer's public health crisis.

The only way forward is to focus our efforts on clinical trials and research. For that research to be effective, we must enroll a diverse group of patients so that new discoveries are relevant to all people.

Once of the biggest challenges we face in medical research is in clinical trial recruitment. Not enough people are aware of trials they might benefit from, and many primary care doctors don't point their patients in the direction of studies for which they are eligible. The Alzheimer's disease field is suffering from this problem at heightened levels. Upwards of 90 percent of research studies are delayed due to slow recruitment. Further, 99 percent of potential volunteers for Alzheimer's studies are never referred to or never consider participating in a clinical trial.

Recruiting volunteers from Black and Latino communities has proven to be even more of a challenge. Black people are as much as three times more likely, and Latinos are 1.5 times more likely to develop Alzheimer's in their lifetimes than whites. Yet, these populations traditionally account for only 5 percent of clinical trial volunteers in Alzheimer's-related research. For a city like Tampa, in which 24 percent of residents are black and 26 percent are Latinos, these statistics are alarming. How can study findings apply to our community when the volunteer pool doesn't represent our community's demographics?

At Axiom Clinical Research of Florida, we are now enrolling volunteers in the **Global Alzheimer's Platform Foundation's (GAP) Bio-Hermes Study**, which sets out to determine which

cost-effective Alzheimer's disease biomarker test (or combination of tests) best foretells the presence of Alzheimer's. These biomarker tests include blood tests, speech analysis, a gait test and more. And, using the results of Bio-Hermes, providers in community settings will be able to screen for the signs of Alzheimer's disease, make referrals to brain specialists and even diagnose the disease directly – something that is currently impossible without an expensive PET scan or an invasive lumbar puncture.

People over age 60 with concerns about their memory, a family history of Alzheimer's, or a diagnosis of early Alzheimer's are especially invited to learn more. We also are enrolling healthy older people.

Bio-Hermes is one of the first Alzheimer's studies to prioritize diversity in recruitment – we have committed to enrolling at least 20 percent Black and Latino study participants. By committing to enroll a demographic that is more representative of the population living with Alzheimer's, we are working to ensure that future Alzheimer's assessment tools are sensitive and specific to everyone.

Bio-Hermes study participants will receive a study-related amyloid PET scan – the very expensive brain imaging test for an Alzheimer's diagnosis which is often not covered by insurance – at no cost which will provide them with information about their brain health. This is especially valuable for people in Black and Latino communities in Tampa who may be **less likely** than those in white communities to receive timely Alzheimer's diagnoses.

Volunteers for the Bio-Hermes study must be between 60 and 85 years old and have someone who can participate with them as a study partner. The study includes two visits with Axiom staff and one visit to a local imaging site over the course of three months, with the potential for a follow-up phone call (if needed). Free transportation will also be offered to all study participants.

If patient volunteers find they are Amyloid/PET positive, they may be candidates for other treatment related clinical trials. These trials may involve anti Amyloid, anti Tau treatments or symptomatic treatments. These trials are available at Axiom and other research sites in the Tampa Bay area and nationwide.

(continued)

Medical Research (continued)

Participation in clinical trials is free but requires that patients meet qualifications.

We feel we are on the right path to ensure that clinical trials enroll volunteers from all walks of life. However, this is not something that we can do without the help of our community. We will fall short if people from underserved communities do not join us.

The only way to find a cure for Alzheimer's and improve the quality of care and the quality of life for people with Alzheimer's is for seniors to get involved in the medical research.

We encourage our medical community to help spread the word and to know we can all play a vital role in beating this disease.

Dr. Susan J. Steen, a neurologist in Tampa and a graduate of the University of Florida College of Medicine, is particularly interested in dementia-related diseases and memory loss. She is president of Axiom Clinical Research of Florida and oversees a variety of studies of medicines in development for neurologic conditions, especially Alzheimer's disease. She is currently leading the Bio-Hermes Study at Axiom. Those interested in learning more about the Bio-Hermes study and volunteering for clinical studies should call (813) 353-9613.

A YEAR TO BE PROUD OF

Although challenges continued this past year due to the prolonging of the pandemic, your HCMA remained relevant for members with the creation of needed resources and benefits. Membership increased by 442 and additional proactive efforts were accomplished during the enormous undertaking of the sale and relocation of the HCMA office. The Association's positive status allows future challenges and opportunities to be faced from a position of strength.

A special thank you to HCMA's Board of Trustees for their extraordinary time and support, and to my dedicated and hardworking staff. I am honored to be of service to our esteemed Association and look forward to an optimistic year ahead, as well as the recommencing of HCMA membership dinners and social events.

Wishing all members and their loved ones good health and many blessings during the holiday season and beyond!

Debbie Zorian
Executive Director



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Reflections

The New New Deal for Helping to Save our Life on Earth

Robert Norman, DO
drrobertnorman@gmail.com



As Jason Mark wrote in an issue of Sierra magazine, “Nature has always been, for many people, a solace. Cutting-edge science has confirmed that time in natural areas helps us cope with stress and lowers anxiety. And who couldn’t use a dose of calm right now, when the most virulent contagion seems to be fear?”

Jason Mark is right on. But what are we going to do when nature slips away?

Where will we go? Let’s go back in our history.

FDR was inaugurated as president on March 4, 1933. He proposed the Civilian Conservation Corps (CCC) on March 9 and Congress authorized it March 27. The first men were enrolled and began serving April 7. Eventually, more than 3 million men ages 17 to 28 served in the CCC. The speed with which this program took shape is breath-taking.

The CCC developed state parks in all 50 states and established 800 state parks. Many of the illiterate enrollees were taught to read and write.

The Civilian Conservation Corps was one of the most successful New Deal programs of the Great Depression. This social employment program existed for fewer than 10 years, but left a legacy of strong, handsome roads, bridges, and buildings throughout the United States, and untold memories, stories, and pictures among its participants. Between 1933 and 1941, more than 3,000,000 men served in the CCC.

I am advocating for a New New Deal once the invisible barriers of the current pandemic disappear. Millions of people have been virus-knocked out of their jobs and many will not be able to get back in the work force. As with the CCC, I believe we should once again channel our funds to help repair the environment. And similar to the CCC, we will need funding from the government and others. But there will be clear differences, both in the scope and geography of my proposed plan.

In an article in the Sierra club magazine (May 2019), Richard Louv, the author of *Last Child in the Woods* and *The Nature Principle*, wrote, “As children, the baby boom generation enjoyed significantly more access to the natural world than today’s children

and young people. The boomers did succeed in pushing environmental concerns onto the pages of newspapers and into the halls of Congress. At the same time, their unprecedented profligacy has pushed Earth systems to the brink of instability. Between 1970 and 2014, the global wildlife population shrank by 60 percent; global CO2 concentrations are above 400 parts per million and climbing. Regardless of how much time people have spent in nature, the destruction continues.”

I am advocating for the building of educational centers across the globe that will allow all ages to learn how to experience the outdoors and take ownership in our planet.

We need to create an **Ecological Conservation Corps (ECC)** for all those unemployed people and others eager to work and help. The ECC will help build eco-camps and schools and teach how we can protect and preserve Mother Nature. Participants will create video and online educational courses and webinars, film projects, environmental trainings, and conference ecotours. Research groups will do ecological studies and field work to provide new findings to improve our understanding of our ecosystems. As with AmeriCorps, participants can choose a year-long paid program of service. Through education, awareness, and participation we can fast-track the world-wide ecological efforts that are needed to make real change quickly.

We live in different times now than in the 1930’s, primarily as a result of chronic fossil fuel overuse, biodiversity collapse, and global warming. We have greater urgency to save our planet.

Our program will involve all of us *Homo sapiens*—men, women, and children—and the co-inhabitants of our planet.

The best place to plant a seed about nature is with the youth. But what young people care about the planet when most kids are nose-first in computer and video games, only outside for moments a day? I try to prescribe Vitamin N (Nature) every day to my patients, giving them one of my nature photo calendars and advocating getting outdoors, and I hope they listen. If we expand the availability and selection, we can draw in more youth.

Look at programs that work for children, such as Encounters in Excellence, Sensing Nature, Youth Conservation Centers, and Master Naturalist Programs. Let’s all work on this--Sierra, the Nature Conservancy, the US Fish and Wildlife, those in industry—

(continued)

Reflections (continued)

everyone. We need the funding and the work force to create a powerful organization that will change the world.

We need the program to be non-partisan to allow politicians and other supporters to adopt ownership of the concept and the program.

In an article by Jim Robbins in Yale Environment 360 titled “Ecopsychology: How Immersion in Nature Benefits Your Health,” he writes that “a growing body of research points to the beneficial effects that exposure to the natural world has on health, reducing stress and promoting healing. Now, policymakers, employers, and healthcare providers are increasingly considering the human need for nature in how they plan and operate.”

Artificial intelligence and robots and cell phones and video games? What about your health?

Nature Deficit Disorder is real. The studies point in one direction: Nature is not only nice to have, but it’s a have-to-have for physical health and cognitive functioning. These studies have shown that time in nature — as long as people feel safe — is an

antidote for stress: It can lower blood pressure and stress hormone levels, reduce nervous system arousal, enhance immune system function, increase self-esteem, reduce anxiety, and improve mood.

With an estimated 40% of people not working, we need to be inventive in finding ways to help the unemployed and our environment. Getting outside not only improves your health but also helps you understand why we need to save this precious earth.

I know this can work. Let’s get together and make this happen! Email me and let me know if you would like to help.

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Membership is only a click away:

- [HCMA.net/join-renew](https://www.hcma.net/join-renew)
- Affiliate Membership
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Medical Advances

Small is Beautiful

Barry Verkauf, MD

BVerkauf@verizon.net



For providing perspective in today's world, I have found the insights of two authors - one an economist, the other a biologist - particularly useful. In 1973 E.F. Schumacher, a German British economist, wrote a book called *Small is Beautiful* which has been said by some to be among the top 100 books of all time. Its premise was that the massive organizational and industrial changes

which evolved during and after the second World War were separating and replacing humans in the workforce, thus decreasing their value. Additionally, he argued that large organizations over-used natural energy resources from the environment which are required for man's life on earth. He also decried the evolution of large urban areas which man has found necessary to move to for work, thus destroying many of the unique, healthy personal interactions people had in small towns. In many respects, these trends have continued, but other natural resources have begun to be used increasingly with great benefit to individual humans. Small can be beautiful in other ways.

Over 100 years earlier, Charles Darwin wrote *On The Origin of Species*, which was published in 1859. He suggested that all forms of life on earth came from a single species and evolved over time due to the need of these species to adapt to challenging changes in their environment. "Survival of the fittest" has been the mode in evolution for millions of years. The presence of *Homo sapiens* (us) on earth appeared about 60,000 years ago. Early men were hunter gatherers who lived separately, but over time they learned to aggregate and work together out of the need for larger numbers, principally in farming, and more recently moving from rural to larger urban communities. Healthcare has evolved and dramatically improved over the past 100 years or so from many points of view. Rather than concentrating on basic anatomy and physiology, there are now a number of specialized areas from microsurgery to invasive radiology, for example. One new area in particular appears to stand out in both its medical as well as its social impact. If the 20th century was the "century of the surgeon" the 21st century will be the century of the geneticist. Recent advances in genetics have been astounding.

Modes of inheritance were first suggested in the late 1850s and 1860s by Gregor Mendel, a man of many skills and interests. He defined dominant and recessive traits that he observed in studying the reproduction of peas in his garden. How those traits changed over time and by and what mechanism has been unclear until recently. In the late 1800s and early 1900s the possible role of chromosomes was becoming better understood as they were seen microscopically due to their small nanometer size. It was not until 1953 that Watson and Crick received the Nobel Prize for delineating the double helix structure of DNA.

Advances remained relatively steady but slow over the next 50 years. In the early 1990s, the Human Genome Project was approved by the U.S. Government and embarked upon by both government and private resources. By 2003, delineation of the human genome began to be unfolded. Each of us has 20,000 to 30,000 tiny genes, and there are billions of potential combinations of them. That is what makes each of us different. Each chromosome is made up of genes, and the genes beget particles known as messenger RNA that travel through the blood and in other ways to the organ which they are destined to impact by deliverance of certain proteins or allowing certain proteins to be built. The introduction of Crispr-Cas9 technology a decade or so ago has made most of this knowledge possible. Many diseases are now able to be determined to have a genetic cause. We are at the point at which beginning to correct these genetic defects is becoming possible. In the specialty of Reproductive Endocrinology and Infertility recent advances in the IVF laboratory have made it possible to determine the chromosomal normality of embryos. This new work remains principally investigational. The incredible thing is the microscopic and submicroscopic size of the details that we are now working with in medicine and in artificial intelligence, which will in all probability continue in the future.

The recent third industrial (digital) revolution has brought a world of unimagined changes to come about. Many subcellular digital machinations may provide medical opportunities but potentially unforeseen, or as yet unknown, social consequences. Robots are now used in surgery. Drones deliver groceries. Self-driving cars will surround us. Digital machines are able to make interpretations and responses in nanoseconds, such as occurs on the iPhone and computers through the use of the Internet. The

(continued)

Medical Advances (continued)

multiple 1s and 0 points that these digital machines have to consider to carry out any particular command is astronomical in number, and they are miniscule in size. Computer chips today are small but house billions of transistors of microscopic nanometer size which transmit energy and information through electrons at the speed of light. Interestingly, a new study has shown that artificial intelligence machines can interpret radiologic determinations and images created by CT better than a radiologist!

There is some discussion about the use of artificial intelligence in the IVF laboratory now. Digitalization helps us in many ways. Will robots and machines replace humanity? No one knows for

sure, but that would be a similar extension of the concerns of Schumacher when he wrote *Small is Beautiful*. It is remarkable that while big data supplants human tasks in many ways its ability to better our life is clear. Moreover, advances in medicine and genetics to determine genetic causes of diseases and potentially cure them takes us down one of the most natural courses that medicine has ever pursued. We evolved by genetic mechanisms. Artificial Intelligence, technology and genetics are having their impact at submicroscopic levels. Indeed, small can be beautiful!

New Members

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Travel Diary

Boston

William Davison, MD
davrac4964@gmail.com



Welcome to historic and scenic Boston! If you have never been here or it has been a long time since you visited, you need to come and be refreshed.

Boston, like San Francisco, is a very walkable city, even for older travelers like me. Almost everything you may wish to see is accessible by foot power. My opinion is that so much of the history of the city is hundreds of years old

when the population was substantially smaller than it is now and, therefore, most things are close together. If you are a history buff or have children, the city is full of treasure troves where the past has been conserved for the future.

The Freedom Trail is a great place to start your journey. Well-marked and easy to navigate by foot, the trail reveals an astonishing amount of historical data. Places like the Old Meeting House, North Church, Boston Commons, Faneuil Hall, Boston Market, and the Paul Revere Home are so well preserved for people to appreciate. "Old Ironsides" in the Boston Navy Yard has a great tour of this grand sailing ship as well as an accompanying museum.

Any trip to Boston should include a visit to some of the famous and older universities like Harvard or MIT. It was very hard not to be awed while standing in the middle of Harvard Yard or in front of Massachusetts General Hospital or the MIT laboratories. Boston College and Boston University are also close by and worth a look - even just to say, "I have been there."

The old and grand buildings in the city are more than worth a look. The Boston City Library is truly a magnificent edifice to behold. It was built when they made buildings for eons to come. The older grand hotels like the Fairmont with the marble, granite, and woodwork which would be prohibitive to build today are sights to behold. If you are interested in architecture, Boston is a playground for your mind!

Many people miss out on the aquatic tours of the city. Boston Harbor is truly magnificent to tour by boat. You will see much that is never talked about in most discussions of Boston like the islands in the harbor that are built out of trash from the city that now functions as hiking and biking areas.

Like San Francisco, much of its most scenic and valuable land has been reclaimed from the harbor as well as the Charles River. Logan International Airport and Back Bay Boston would not be here today without dredging and filling.

If you are a fan of housing, a walk through Boston's Beacon Hill and Back Bay is an absolute necessity. Here, you will find some of the most interesting and expensive homes in our country. Narrow streets with brick facade homes glued together side by side is something many of our young people have never seen before.

For shoppers, Newberry Street will provide retail therapy in a phenomenal milieu of old city architecture.

For those who have not been back to Boston in a while, you'll notice lots of green spaces which have been added to the city's park system when they replaced several highways which used to go through town with both linear as well as pocket parks. Many of these are truly beautiful places to jog or just relax and take in the scenery. The Boston Commons and botanical gardens truly complement all the brick and cement.

Lastly, Boston is a great place to eat, especially outside restaurants at the Boston City Wharf and the city markets. On a recent trip there, we enjoyed a foot long lobster roll at one of the Legal Seafoods locations. I would strongly encourage you to dine outside by the water - it's hard to beat.

All in all, Boston is a refreshing way to spend several days nourishing your soul. It is indeed a place worth your while!

Practitioners' Corner

Healing Hands: Utilization of Artificial Intelligence and Robotics in Medicine and Surgery

Stephen D. Lockey, MD, MBA, MS

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Stephen D. Lockey, MD

I always knew that I wanted to be a physician. My grandfather practiced medicine in the community of East Petersburg, Pennsylvania. My father joined him in practice after fellowship, and both of my uncles pursued careers in academic medicine. These men inspired me to become a physician, and at the age of twelve I remember asking my uncle* if he was happy as a doctor. "Medicine," he said, "is the greatest profession in the world."



Richard Lockey, MD

I graduated from Georgetown Medical School in 2017 and now fully understand my uncle's sentiments. The best part of my job is that I spend each day as a 5th year resident learning how to professionally care for patients in need. My mentors continually make the point that training does not end at the start of practice but is just beginning. In observing physicians who achieve clinical distinction, it is clear that they are committed to perfecting

their craft. Their skills come from decades of experience and rigorous attention to detail. Most trained before the era of the modern computer and they appear less dependent on the perks of medical technology than my contemporaries. However, the role of artificial intelligence and robotics in medicine is changing how we learn and improving the quality of care for patients.

I initially had doubts that robotic-arm assisted surgery would gain popular use. I read about some of the benefits as a medical student, including more precision in bone cuts and better soft tissue protection, but thought the practical application of the technology was years away. I remember the first time I saw one of my colleagues use a robot in the cadaver lab. Watching him pass the saw with the same precision as an experienced orthopedic surgeon was incredible. I thought to myself, "He made that look easy." It is now used for a variety of surgical procedures.

It is important to emphasize that while the robot is helpful in adding precision to surgery, it in no way replaces a well-trained and experienced orthopaedic surgeon. First, there is no substitute for making an accurate diagnosis and in initiating an appropriate treatment plan. Likewise, the doctor-patient relationship has nothing to do with robotics or artificial intelligence. These staples remain the core fundamentals of the practice of medicine.

In the book, *Outliers*, by Malcolm Gladwell, the author argues that it takes 10,000 hours of intense practice to master a skill. So too, the challenges of orthopaedic surgery have convinced me of the truth of this concept. In knee replacements, for example, the subtle balance of the "saw" on a jig and the feel when completing a cut are skills that come with practice and time. The robot has helped trainees achieve steadiness of hand by guiding the proper angle for the cut and providing real-time feedback of the position of the instrument. It's clear that my learning curve, as well as that of my contemporaries, is different than it was for the physicians who trained in decades before.

The enhanced surgical precision provided by a robotic-arm is not the only area of medicine impacted by advancing technology. The physician who inspired me to pursue orthopaedics informed me that as an intern, he often would sneak to the restroom between consults to review a textbook hidden in the stalls. The smartphone replaced the need for textbooks and improved the access to up-to-date information. Search engine algorithms on reliable networks provide relevant information based on a few key words.

Artificial intelligence should empower patients to take more ownership over their own health. However, it too can be detrimental to the welfare if information provided is not accurate, all too common today. One example of improved technology are the continuous glucose monitoring devices. This technology gives patients real-time data on the level and trajectory of their blood sugar. The same information can be collected by the endocrinologist to modify a patient's medical regimen. It is conceivable that future technology will provide treatment recommendations that match a patient's genetic and other medical parameters resulting in even more individualized care. Another

(continued)

Practitioners' Corner (continued)

role for artificial intelligence is to improve the accuracy and efficiency in medical diagnosis. Computer algorithms are growing more complex with the capacity to integrate medical data. These systems may assist radiologists, for example, to read studies with greater precision. Regardless of the field of medicine, advanced technology is destined to change the way we practice.

There are many unknowns about medicine's future and how artificial intelligence and robots will impact care. However, I doubt that either will ever replace a competent physician, no matter what the specialty. As technology evolves, robotics and artificial intelligence will continue to improve the quality and safety of care. Part of my journey will be to discover ways of incorporating these new techniques and to use artificial intelligence to enhance the practice of medicine and the care I provide for my patients.



Hillsborough County Medical Association Leaders and Members,

Another holiday season is upon us! As we round the corner into the New Year, I would like to wish you all a joyous season spent with your loved ones. I am grateful for the opportunity to assist so many of you with your financial goals in 2021. It is an honor to be trusted by you and your families, and I look forward to continuing to serve as your advisor in 2022.

Wishing you all Happy Holidays,

Oliviana Catrone
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HCMA Legislative Luncheon

HCMA's Annual Legislative Luncheon was held October 26th. A total of thirty-three attendees included legislators and their staff members, representing eleven local, state, and federal legislative offices. Dr. Eva Crooke, HCMA President-Elect and Chair of the Government Affairs Committee, presided over the event. The HCMA's 2022 Legislative Priorities, listed in this issue of *The Bulletin*, were discussed at the luncheon.



Physician Wellness Program

Meet Stacy Daughn, PhD



Physician wellness has become a priority issue that is being addressed throughout our country. The unrelenting changes, demanding challenges, and lack of autonomy that physicians can endure cause stress, depression, and burnout. As physicians struggle to find balance between the intense demands of their work and personal lives, their health and longevity, and that of

our medical community, is being threatened. The Life Bridge HCMA Foundation PWP provides a safe harbor for members to address life difficulties

The PWP features, among other benefits, completely confidential, convenient, complimentary access to professional psychological services for all HCMA members.

The Bulletin will feature a PWP provider in each issue.

As licensed Psychologist and Certified Addiction Professional for 32 years, Dr. Stacy Daughn has extensive experience in Health Psychology, Women's Health, and Addiction Medicine. Her area of specialization targets the family component of addiction. Resilience training and stress management are also her areas of expertise.

Other specialties include: Depression, Bipolar Disorder, Anxiety, and Health Psychology & Behavior Change.

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Please visit the Physician Wellness Program page on the HCMA website (www.HCMA.net) for more information about the program and a list of all PWP providers.



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Personal News

In Memoriam



Carla Kalec (Carla Frances DuBose, MD) passed away August 26, 2021. She was 85 years old. Dr. DuBose was born in Durham, North Carolina, while her father was attending divinity school at Duke University. She grew up in small towns in South Carolina, where her father, Rev. Clarence F. DuBose, served as a Methodist minister.

Dr. DuBose graduated from Wesleyan College in Macon, Georgia, in 1957, and in 1961 received her Doctor of Medicine degree from the Medical College of South Carolina (now Medical University of South Carolina) in Charleston.

Dr. DuBose was a groundbreaker. She came to Tampa in 1961 for her internship at Tampa General Hospital and then became their first female resident in Obstetrics and Gynecology. After her training was complete, she opened her office as the first female OB/GYN physician in Tampa. She was one of the original founders of Women's Hospital in Tampa (now St. Joseph's Women's Hospital), which opened in 1974. After her retirement she served as a hospital volunteer at Women's, where her big smile welcomed patients and visitors at the information desk. Dr. DuBose loved being a doctor and felt it was her calling in life. She was a dedicated, skilled, and caring physician and surgeon, loved by her patients. Over 3,000 newborns entered the world into her hands.

Dr. DuBose was also an orange grower. She loved her orange grove and took great pleasure in running it. She loved spending time at her home in the North Carolina mountains. She loved wildlife, her cats, learning, doing crossword puzzles, photography, painting and ceramics, and travel. Throughout her life she traveled to all seven continents.

Family asks that you please consider a donation to Palma Ceia United Methodist Church, 3723 W. Bay to Bay Blvd., Tampa, 33629, The Humane Society of Tampa Bay, 3607 N. Armenia Ave., Tampa, 33607, or the charitable organization of your choice.

In Memoriam



Dr. Jack Zichlin 101, peacefully passed away Wednesday evening, September 29, 2021. He was born in New York City. In his early 20s he enlisted in the United States Army during WWII. He was stationed in the United States followed by Berma, India. In 1952 he met and married the love of his life, Sylvia. They were married for 53 years and had four children.

Upon graduating from The University of Tampa in 1961, he was accepted and graduated from The University of Guadalajara, Mexico, Medical School. After interning in Montreal, Canada and one year of Social Service back in Mexico he and his family returned to Tampa in 1969 to establish his medical practice.

Building a medical practice of caring, compassion, medical expertise and not concerned about payment was how he ran his practice. Retiring from private practice in 2005, he said goodbye to his multi-generational patients that he considered family. Not satisfied with leaving his life of "doctoring," his retirement was short lived as he put on his white coat again and volunteered for many years at The Center for Healthcare.

In 2015 he took off his white coat for the final time and fully retired! He is survived by son Ira Zichlin (Fran Jensen), daughters Edee Hammer and Sally Pliskow, grandchildren and great-grandchildren.

Donations can be made to Weinberg Village ALF-MSU Tampa (<https://weinbergvillage.org/donate/>) or LifePath Hospice-Garnet Team Tampa (<https://www.chaptershealth.org/for-volunteers-donors/personal-giving/>) in memory of Dr. Jack Zichlin.

In Memoriam



Charlotte Ann Shapiro Saks, 99, mother of HCMA member, Dr. Bonnie Saks, passed peacefully October 10, 2021 at her apartment in Weinberg Village in Tampa. She was the oldest of two. Charlotte Saks was proud to be a 13-year veteran of the U.S. Postal Service.

In retirement, she loved her many years as an usher at the Tampa Bay Performing Arts Center. Charlotte cherished her roles as dear friend, wife, sister, mother, grandmother, and great-grandmother. She was a native Chicagoan, but moved to Tampa in 1984 to become a source of unconditional support to her two grandsons. Charlotte was preceded in death by her sister Mona Schwab, who passed from COVID-19 at age 94, and her husband of 73 years, Seymour Saks, whom she met on the beach near Union Pier when she was 17. She said the secret to staying married was holding hands and forgiveness.

The family requests that donations be sent to the Weinberg Village (<https://weinbergvillage.org/donate/>) so that the employees of that community can experience a little more joy from the woman who, while she was with us, was an inexhaustible source of positivity and kindness.

Personal News

In Memoriam



Jeffrey Lee Tedder, MD, 63, passed away on October 27, 2021. Dr. Tedder graduated from the Medical University of South Carolina, performed his internship at Cornell University and completed his residency in orthopaedic surgery at the Albert Einstein School of Medicine in New York City. He did a fellowship in sports medicine and arthroscopy at the Alabama Sports Medicine & Orthopaedic Center in Birmingham.

As a fellow, Dr. Tedder was a team physician for the University of North Alabama, a perennially ranked football power. He took care of many professional and intercollegiate stars while training under Dr. Andrews and Dr. Clancy. Dr. Tedder was given a top award for a paper that he authored on “Elbow Arthroscopy” during his Sports Medicine fellowship.

Dr. Tedder began practicing in the Tampa Bay area in 1993, with offices in St. Petersburg and Tampa. He was an HCMA member since 2002, served as a member of the Board of Trustees of St. Petersburg General Hospital, a member on the Board of Directors of the American Heart Society, and an annual contributor to the United Way and the Humane Society. Dr. Tedder also sponsored a local softball team named the “Tedder Bears.”

Service or memorial contribution information is not available at this time. Please visit Legacy.com for updates and to sign the guest book.

In Memoriam



Dr. Jose Carlos Dominguez, Jr., age 61 of Tampa died Friday, November 5, 2021. Dr. Dominguez was born in Havana, Cuba, but was a lifelong resident of Tampa. He is survived by his beloved wife of 33 years, Tina, daughters, Sasha and Shelbi, mother, Edith, and brother, Peter. Dr. Dominguez was a successful immunologist and allergist, practicing in Tampa for 29 years. Some of his passions included hunting, fishing, cars, flying helicopters, diving, wrestling, in which he was State Champion, All American, in 1978. He also was King of the Knights of the Krewe of Sant’ Yago in 2000. His most valuable acknowledgements were of course Best Husband and Best Father, with all of his family in agreeance.

Memorial contributions may be made to Tampa General Hospital, The Cleveland Clinic, and The World Wildlife Organization. Private services were held.

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Congratulations!



HCMA member, Dr. Rosemarie Garcia-Getting and her husband John welcomed their son, John Gabriel Getting on November 8th. What a handsome bundle of joy to help ring in the holidays and new year. Happy birthday, baby John!

Cup. Boat parade. Repeat.



HCMA member, Dr. Chuck Slonim, pictured on the right, took possession of The Cup for one night, to celebrate the Lightning’s third championship. Dr. Slonim is a part of the Lightning medical team and as such, gets “time with The Cup.”

No one drank from it, but big fans, Dr. David and Elke Lubin, were invited to pose with Tampa’s other championship trophy.

Jobs for resident physicians wanted



USF and Brandon Regional Hospital third year residents, who may have not matched for fellowships, are looking for employment. Residents are permitted to moonlight starting in December and throughout the summer of each year. HCMA’s resident representatives are compiling a list of HCMA members who would be interested in hiring a USF or Brandon Regional Hospital resident physician in their office. To submit your office location, specialty, and contact information, please email Dr. Alexandra Witt at Alexandra.witt@hcahealthcare.com

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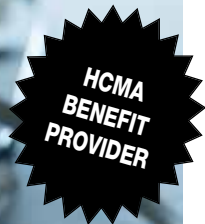
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