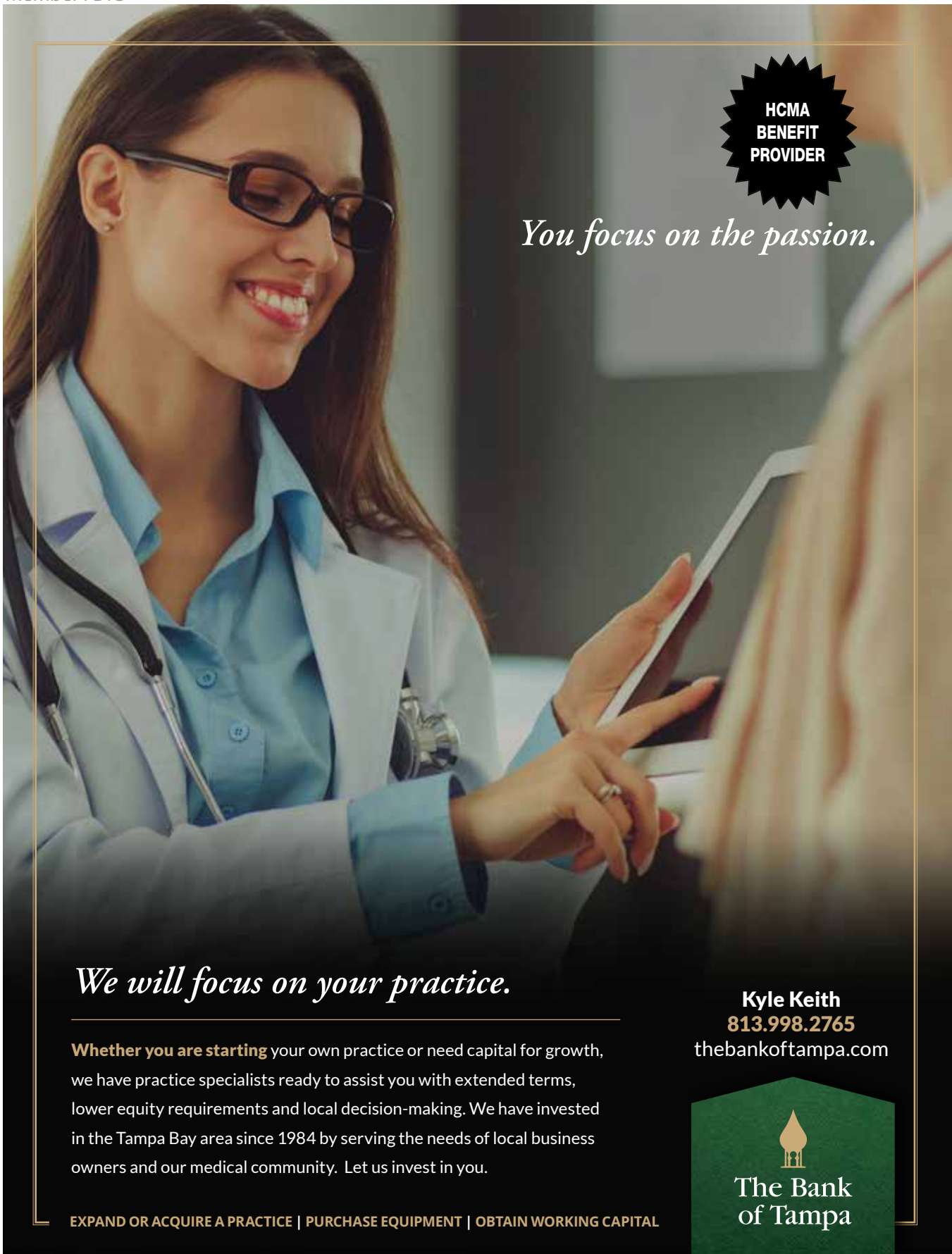




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Winter 2022



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 February 21, 2023

HCMA Membership Dinners
6:30pm at the Westshore Grand
 February 7, 2023
 May 9, 2023

2023 Florida Legislative Session
 Tallahassee
 March 7 – May 5, 2023

25th HCMA Foundation Charity Golf Classic
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 March 30, 2023

AMA Annual Meeting
 Chicago, IL
 June 10 – 14, 2023

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Cover photo by Carlton Ward, Jr. A male panther jumps over a creek in Florida Panther National Wildlife Refuge. It took more than a year of camera trapping in this same spot to achieve this image, depicting a panther inhabiting the swamp environment that has been essential to the survival of the species. Although pumas once ranged throughout North America, remote South Florida swamps are the only place in the eastern United States where panthers avoided human persecution and encroachment.

For more information about Carlton's passion, Path of the Panther, or to view his incredible photography, connect with him here:

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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

Gray Matter(s)

Eva Crooke, MD

eva.austin@gmail.com



Why are physicians considered minimally engaged politically? What leads to the low physician voter turnout each election cycle? (2020 was the first year physicians voted at a higher percentage than the general population, yet we remain much lower than other professions like lawyers, teachers, and engineers.) Why do physician societies struggle to raise the same lobbying funds and support when compared to others? Healthcare policy affects us

every day as we practice medicine, but it is largely driven by legislators and lobbyists representing pharmaceutical companies, insurers, hospitals, medical technology companies, and more. Most of us can find at least a few complaints surrounding these policies, but why aren't we uniting with a stronger voice? I believe the answer is complex, but it certainly includes the difficulty of reconciling personal beliefs with professional duties as well as our commonality of comfort within the gray area in an increasingly black and white world.

In medicine, we have an obligation to society to improve health and care for others. We take an oath that includes the pillars of ethics in our profession: beneficence, nonmaleficence, autonomy, and justice. The laws and policies that may be best for patient health, access to care, and upholding our ethics may not be the same laws and policies that benefit us personally, whether fiscally or socially. Physicians find this conflict of professional and personal motivations difficult to resolve, and often choose political quietism to activism. I also believe many physicians are concerned about the optics of supporting specific policies, laws, or candidates/legislators if these ultimately do not support the same needs and values of their own patients and communities. It is also difficult if these issues juxtapose the goals of the employer/institution to whom they are accountable. The moral compass that guides our decisions and actions can feel off course when we think about lobbying and that, frankly, the golden rule of politics is "they who has the gold, makes the rules." To consider using financial influence to gain an advantage seems contradictory to our ethical pillars. We are physicians even when we're off the clock, and politics can make preserving the equipoise of this identity more complicated.

As society becomes more divisive, many of us find it harder to remain engaged in politics in any capacity. Issues seem to be "very left" or "very right" with a chasm in between. The center feels like a lonely place with the few people there wondering where everyone has gone. It's nearly impossible to find a party with which you will agree with most or all of their platform issues. And, considering we essentially have a rigid dichotomy of options, we've been forced into choosing black or white. Does a gray area exist anymore? Can diplomacy find it? This is precisely why I believe we should remain engaged. As physicians, we are taught from the earliest of medical lessons how to walk the spectrum of gray between the black and white! We are the perfect group to advocate for our patients and our profession and lessen the gap between extremes.

Medicine, by most accounts, is the proverbial gray area. We hardly encounter black and white situations in patient care. Each patient and each problem and solution are influenced by many factors. One's history, genetics, experiences, social factors, culture, and religion among other things will shape the diagnosis and treatment plan. If medicine were a simple black and white algorithm or cookbook, anyone could practice it. A good physician has the ability to combine knowledge and experience to understand the nuances and which shade of gray is right for each encounter. I would like to think politics has the potential to do the same. We must work together to elect leaders with the same skill set and educate them about health-care related topics that come up in proposed policies. We build consensus regularly with our patients and understand the value of communication, teamwork, and compromise to reach our goals. There are issues that align with both our personal and professional worlds, and these are the political arenas where we must participate together.

Practicing medicine is also not an all or nothing profession. If we try to make it black and white, we will likely experience burnout from the incessant barrage of physical, mental, and emotional stress. We physicians often define ourselves by our dedication to the field, but we must balance the rest of our lives around our work. We should start thinking of our civic responsibilities in the same light. Political activism can be as simple as voting or donating money to a PAC or campaign, and as elaborate as leading within organized medicine or running

(continued)

President's Message (continued)

for a legislative office. Our professional responsibility must include some amount of civic duty, we can no longer withstand the all or nothing, the black or white mentality of advocacy. We must protect our gray area and stay active within it.



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HCMA In Brief

PLEASE CHECK YOUR EMAIL FOR AN IMPORTANT MESSAGE FROM THE HCMA PRESIDENT

On October 3rd, all members received an email from HCMA President, Dr. Eva Crooke, announcing the HCMA's intent to form a regional medical association (RMA). This endeavor will be spearheaded by the HCMA and is supported by the FMA. For a copy of Dr. Crooke's email, please email a request to ELubin@hcma.net.

HCMA DUES STATEMENTS HAVE BEEN SENT

2023 HCMA membership renewals have been sent electronically and via the USPS. HCMA dues are due January 1st and unpaid members will be removed from the database on March 31st. Renewing is easy! Visit the HCMA website, www.HCMA.net, and click "JOIN/RENEW."

ATTENTION PRACTICE MANAGERS/ ADMINISTRATORS - HOW CAN WE HELP YOU?

As the practice manager or administrator, you are saddled with a lot of responsibilities. The HCMA Benefit Provider Program has been developed to assist members with tangible benefits that can help the practice's bottom line and ease some of the burdens from you.

Benefits include discounted office and surgical supplies, HR services, marketing specialists, CPAs, healthcare law professionals, and professional liability resources, to name a few.

But we want to help more! At your convenience, please review our list of Benefit Providers and the values they provide, by visiting <https://hcma.net/Benefit-Provider-Program>. If there is a benefit or service you feel is missing, one that would make your job easier, let us know. We will do our best to find a provider, vet prospective partners, and then our Board of Trustees will meet, interview, and select a provider worthy of our endorsement.

HCMA MEMBERSHIP SAVES YOU MONEY

Membership in the HCMA entitles you, regardless of membership category, of all offers and discounts given by our Benefit Providers and the services of the HCMA Foundation Life Bridge Physician Wellness Program. Professional liability insurance may be discounted an additional 10% for qualifying members, legal documents, forms, and medical practice checklists are a click

away, marketing and access to a contactless patient check-in program, and up to six complimentary wellness sessions (counseling, personal coaching, and/or financial coaching) are available to you right now. Visit www.HCMA.net for more information or call the HCMA office: 813.253.0471.

MISSED THE MONTHLY ENEWS?

HCMA's monthly electronic publication, Enews, is sent the first week of each month. Included are COVID news, pertinent information, new members, a spotlight on savings, and more... Enews is also posted on the HCMA website for those who suffer from an overloaded email inbox: www.HCMA.net/Latest-News.

IT'S ONLY OVER A MONTH AWAY

And half of the licensed physicians in Florida will have to renew their medical license by January 31, 2023, after completing the required 40+ CME hours. Don't wait until the last minute. Contact the HCMA to receive the latest CME News which includes a list of CME resources: 813.253.0471 or Elke Lubin at ELubin@hcma.net.

HCMA REFERRAL SERVICE

Please note, beginning January 1, 2023, the annual fee for the HCMA referral service will increase to \$40. The increase will take effect upon annual renewal. If you have any questions about the HCMA referral service, please email AOrthman@hcma.net.

UPDATE YOUR HCMA PROFILE

HCMA Database & Website - New and Improved!

In order to make use of our innovative new database and all of its features, all HCMA members need to create a password for their profile.

By setting up your profile, it will ensure that you have full access to our website in which you can update your office information, your home mailing address, RSVP to our events, pay dues, and receive all future correspondence from the HCMA.

Please follow these few simple steps to set up your profile:

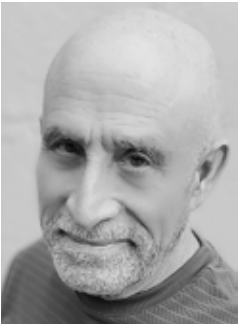
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- Click the orange sign-in icon located in the upper right-hand corner
- Enter your email address - IF YOU HAVE NOT CREATED A PASSWORD YET, click the "forgot password" link and follow the instructions.
- If you have any questions, please contact Anni Blackwell at the HCMA: 813.253.0471 or ABlackwell@hcma.net.

Editor's Page

I just don't get it—Again

David Lubin, MD

dajalu@aol.com



When I was contemplating what to write for this issue, I thought about the topic of COVID vaccinations and where we are. Knowing that the rate of vaccination isn't what it should be for the protection we really need, I thought, "I just don't get it." The more I thought about it, the more I thought "I just didn't get it" in the past either. Sure enough, the Fall 2021 *Bulletin* had my first column addressing the is-

sue, which I admit, was full of barbs thrown at former president Trump and Florida Governor DeSantis, for not doing all they could to promote the vaccine. Well, Trump is out of the picture (or is he?), but Gov. DeSantis and his physician marionette, Dr. Ladapo, have done little in the past year to promote vaccinations in Florida.

But along with asking why the other grocery line always moves faster and why I always pick the wrong Wordle letters, I've been wondering why the percentages of vaccinated people across the US, as well as Florida, are not where they should be. But I won't go off on a tangent like I did last year, or maybe I will.

I will say though that the surgeon general whom Gov. DeSantis picked to replace Dr. Scott Rivkees, who in 2021 resigned (kindly asked to leave, forced out, asked to clean out his locker) because he urged a mask mandate until an effective vaccine was in place, seemed to have glowing credentials. Dr. Joseph Ladapo received his MD and PhD in Health Policy from Harvard and was an associate professor at the Geffen School of Medicine in California. He was quickly, as in the blink of an eye, given an associate professorship at the University of Florida, with tenure, which usually takes about a year and a half to process. Turns out that the UF Board of Trustees Chair, Morteza Hosseini, who has ties to Gov. DeSantis, personally expedited Dr. Ladapo's hiring, despite his controversial views on COVID-19 measures, including COVID-19 lockdowns, mask mandates, and the safety of vaccines. In my previous column, I mentioned that Dr. Ladapo participated in a COVID miracle cure event in Washington DC, with the now infamous demon sperm doctor, Stella Immanuel. They were extolling the benefits of hydroxychloroquine, along with then-President Trump.

So where are we today? At one point during the pandemic, we had upwards of nearly a million cases and 3,000 deaths a day, with a total now of nearly 100,000,000 cases and just over a million deaths. Currently, we're still seeing almost 37,000 new cases, just over 300 deaths, and about 3,200 new hospital admissions a day, according to CDC data. As of August 2022, approximately 79% of the United States population has received one dose, while 68% of the population is considered fully vaccinated, with two primary doses, but only 33% of the population has received a booster dose. Of those eligible for vaccination in Florida, 81% has had at least one dose, 69% is fully vaccinated, and 29% is boosted.

Both Moderna and Pfizer have produced a bivalent booster covering Omicron, as well as the prevalent BA.4 and BA.5 variants. And now there are more... BQ.1, BQ.1.1, XBB. Most likely, getting COVID boosters will be like getting flu shots, a booster every year. Upwards of 10% of those eligible have received the bivalent booster, and if you haven't been boosted, you will get the newer bivalent vaccine, rather than the previous ones.

I would guess most of us have had friends and relatives who have had COVID and have learned from them what a bad experience it can be. Some might even have friends and relatives who didn't recover. We've seen those critically ill, on TV during the height of the pandemic, urging people to get the shots because they didn't, and they were sorry that they hadn't. I have relatives and friends who either didn't get vaccinated or did so begrudgingly, not believing the science behind the vaccines. There's no reason not to, except that Dr. Ladapo has quoted a non-peer-reviewed study, where the authors are not even identified, that 20 males, ages 18-39 suffered cardiac effects, including myocarditis and death following immunization. An op-ed in the Tampa Times, authored by four epidemiologists from the University of Florida, refuted the study, stating that it was flawed in a number of ways and did not compare the outcomes to the positive effect of preventing COVID and COVID-related deaths. When the vaccine became available for children, Dr. Ladapo again advised against the need for healthy children to get vaccinated, advice which was not supported by medical experts.

The FMA did not refute the recommendation of our surgeon general. I would guess the FMA did not want to become politically involved and get on the wrong side of our governor. The

(continued)

Editor's Page (continued)

FMA also did not comment on Dr. Ladapo's appointment. I would also guess there are doctors in the FMA who are on both sides of the fence, hence the neutrality.

It's been clearly shown that getting vaccinated will prevent serious illness and death in over 90% of those vaccinated. A paper published in October 2022 by the National Bureau of Economic Research, and authored by three Yale University researchers, looked at "excess deaths" - the number of deaths in a given

time period that is in excess of the number that was expected - from January 2018 until January 2022. They included Ohio and Florida in the study. Rates for both Democrats and Republicans were the same until vaccines were released, and then the rate for Republicans was 76% higher than that of Democrats. Florida had the second-most vaccine-preventable deaths, 29,200, and the 13th-highest rate, 1,694 per million residents. Ohio had the fourth-most deaths, 15,875, and the ninth-highest rate, 1,742 per million people.

Maybe the title of my column should be, "Why I get it now?"

Editor's note: My column reflects my opinion and not necessarily that of other HCMA members, leaders, staff, or Board of Trustees. Any comments will be considered for publication in a future Bulletin.

Letters to the Editor can be submitted to:

David Lubin, MD

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Executive Director's Desk

Reflect and Reform

Debbie Zorian

DZorian@hcma.net



At the time of this writing, it has been four weeks since Hurricane Ian's widespread destruction changed the landscape and caused suffering to so many communities, especially in southwest Florida. I can only imagine the devastation numerous people are continuing to endure. My heart goes out to all those who were impacted by this disaster.

I talked to a colleague in Lee County whose home was fortunately not damaged due to the location. However, many of the Lee County Medical Society (LCMS) members are dealing with lost homes, cars, and practices, including a surgery center. After being without electricity for two weeks, the LCMS Executive Director was glad to be able to begin communicating with some of her members via texts, phone calls, and assisting them in every way possible. Her challenges continue to be numerous.

This has caused me to reflect even more so on the accomplishments of the HCMA this past year and how our future goals would have come to a halt or, at a minimum, severely delayed if the Tampa Bay area was not spared the wrath of Ian.

Going back to the pandemic period, the HCMA was able to remain relevant for members by providing necessary support and resources in addition to growing in representation by 442. The sale of the HCMA building and relocation of the administrative headquarters also took place during that time. We then seized the opportunity to modernize our technology, offices, membership database, and website.

During what was deemed safer periods last year, several in-person events took place with the exception of HCMA membership dinners. When dinner events resumed in March of this year, it was apparent that everyone missed the camaraderie and networking they were so used to enjoying. To list only a few highlights of 2022:

- An annual luncheon and separate meetings were held with the Hillsborough Legislative Delegation to discuss and educate legislators and their staff about medicine's priority issues.

- HCMA leaders traveled to Tallahassee during the 2022 Session to advocate on your behalf.
- 22 HCMA delegates represented you at the FMA House of Delegates during the 2022 Annual Meeting in Orlando.
- The HCMA gladly sponsored an annual resident reception, a medical student mixer, and held a well attended and enjoyable Women in Medicine event in Tampa.
- Educational webinars and COVID Townhalls continued in addition to a Workplace Violence Seminar held at the Westshore Grand Tampa.
- The HCMA Foundation Physician Wellness Program has expanded, now offering coaching and financial wellness services to members. Plans are also underway to offer wellness webinars on a variety of topics.
- The Foundation Golf Tournament was another huge success this year with a record number of golfers and sponsors, also demonstrating the desire for unity and friendship amongst members.
- After approval of the HCMA Executive Council, a Strategic Planning meeting took place during the summer followed by two meetings with physician leaders from Hillsborough and Pinellas counties to discuss the creation of a regional medical association (RMA).

Plans for the 2023 year will bring about our most significant endeavor beginning with Hillsborough and Pinellas counties. An email was sent to members in early October from HCMA President, Dr. Eva Crooke, announcing the expansion of our footprint which is supported by the FMA and community partners.

HCMA members can be assured that this undertaking has been carefully deliberated. It is believed that regional medical societies are imminent in the State of Florida as many county medical societies have previously merged with other societies that surround them. Although a courageous move, it is an obvious advancement as we strive to meet the needs of physician members throughout our growing region. The creation of an RMA will provide members with a wider referral network, solidarity between counties, and a stronger voice within the FMA,

(continued)

Executive Director's Desk (continued)

among our local legislators, and in major hospitals and large healthcare systems.

While the name of our association is going to change, the mission of the new organization will steadfastly remain...*advocating for physicians and the health of the communities we serve.* Obtaining a new charter with the FMA will ensure our participation at the state level and within the FMA House of Delegates.

In the meantime, physicians in Pinellas County can join the HCMA for the 2023 year as Affiliate members. This will give them the opportunity to become involved in organized medicine at the local level without delay while accessing the many benefits HCMA has to offer. Although implementation of the RMA is not anticipated until January 2024, a webinar will be scheduled in the next few months to allow members to ask questions and be involved in the process. I welcome you to call me with any questions you may have during the development stages.

In closing, much appreciation is extended to HCMA's outstanding leaders and Board of Trustees. Their time and efforts are invaluable as they enthusiastically move forward to provide unprecedented focus on regional politics and health care needs, practice management resources, and a singular focus on steadfastly supporting the interests of physicians throughout our communities.

I am proud to be part of an endeavor that will be remembered

as a historic movement for organized medicine in our region. One which will allow a unified vision and strategic advantage as we continue to address the future of your profession.

I wish all members and their loved ones a peaceful and joyful holiday season. May you experience good health and much happiness in the exciting year ahead.

Joining is Easy!

Do you have a colleague in Hillsborough or a surrounding county that is not an HCMA member? Direct them to the HCMA website to learn about:

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Reflections

Have our scientists and leaders failed us?

William Davison, MD
davrac4964@gmail.com



The first time I ever felt like our medical hierarchy failed us was when the academic community changed its view of digitalis. I freely acknowledge that the change in usage to beta blockers and calcium channel blockers was a good thing. Similarly, the use of blood pressure-lowering agents for the treatment of congestive heart failure was exactly the right thing to do.

What I found very emotionally trying was the way it came about. Historically, digitalis was the wonder drug of the ages to treat CHF and atrial fib; suddenly you became a pariah for the use of a drug that you had been trained to use as the state-of-the-art treatment for CHF and atrial fib. It really is not about the fact that it was the right thing to do but in the way the message came down from “on high.”

There are several examples of failure to accept new notions of medical practice. Look to the past for medical acceptance of germ theory of causation, the use of vaccinations like smallpox, x-ray use by Madam Curie, as well as many other changes to the then-current medical thought.

Medical science endeavors to present the best methods of treatment currently available. COVID-19 treatment will be one of these historic examples of the changes wrought in the progress of science. We have vilified the use of drugs like Ivermectin. What if it turns out that this is useful in treating COVID-19 or, at least, does not harm? We started out this pandemic with our leaders saying masks were not needed for anybody! The medical profession then shortly afterward made it become de-rigueur to wear masks at all times, everywhere. We found our society completely closed down including schools, etc. at the behest of our medical science and government leaders. Perhaps, that was the best thing to do under the circumstances.

Now, as we look back, some of this appears as pseudo-science. The diligent use of face masks does appear to have some strong supporters. Conversely, there is an equally strong opinion that they are not helpful at all. It seems that the use of N-95 masks does have a place in the treatment but if so, why isn't everyone using them instead of the paper masks which reportedly do no good? I, for one, believe that masks have a somewhat helpful effect on our well-being - not the answer to all our prayers!

It can be argued that we are still experimenting with what works and what doesn't. Remember the usage of Remdesivir. We have found that high-flow oxygen devices can forestall intubation and ventilator usage. Let's hope that we develop even better methods of managing the ravages of this disease.

We all cheered the development of vaccines for COVID-19. As time goes on, however, we find they are far from delivering us from the wrath of the disease. We have extraordinary medical scientists which argue for both sides of the equation - people from Harvard, Stanford, and Johns Hopkins who feel that these drugs are not the panacea that we originally believed but, in some sectors, are worse than the disease it purports to present.

Some of these phenomena seem to be related to expectations and how the message is delivered. Originally, we were told these vaccines would prevent us from contracting as well as transmitting the disease. Now we know this is not true. Thankfully, it appears that the vaccines do save lives as well as modify the severity of the disease once we are infected.

We need better and honest messaging from our leaders - not dogmatic pronouncements as to the “right way to do things”. This dogmatic process has impinged on the ability of some very bright people who are espousing a very different way of approaching these problems. Stifling dissent is NOT the way we have done things in our open society but that seems to be exactly what is happening. There are several states where honest dissent is met with threats against a physician's license and is meant to silence anything except the narrative as put forth by the leaders of society. Researchers are told what to say to front-line physicians. We live in the greatest country in the world. We have the apogee of scientific exploration and discovery. Surely, we should have better answers to this disease than we currently enjoy. We, as a society as well as a scientific community, should expect nothing but honesty and transparency from our scientists and government. How will history judge us when looking back at these sad three years? Will they look back and say it was all done well or will they feel it was a woefully inadequate response - time will tell!

We must pursue the facts with honesty and humility and listen to every opinion as we uncover the facts that we all deserve to have. Only doing this will enable us to say “really, these are the true facts.” We must get these sooner than later!



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Practitioners' Corner

Hearing Care for Everyone

Kristen Decelles, Au.D.

kdecelles@parksideaudiology.com



Hearing loss is a longstanding, ageism joke. When our patients say “huh?” or “what?” it is easier to just chalk it up to old age, something you have to deal with. In return, we just talk louder and hope they hear everything during the appointment. Perhaps this is the path of least resistance, as discussing hearing loss would just take up more of our time.

Furthermore, you may not even be sure where to send your patients for help. Allow me this opportunity to introduce myself. My name is Kristen Decelles, a Doctor of Audiology in Tampa.

The profession of audiology has had a little bit of a spotlight in recent months as the federal government recently passed an over-the-counter hearing aid bill. This is exciting news for our patients and providers. OTC hearing aids open the door for more economic hearing aid options, and my personal hope is that OTC hearing aids will lessen the negative stigma surrounding wearing hearing aids. However, OTC is not the answer for all patients, leaving the question of who should consider an OTC versus a prescription hearing aid? Before we can answer this question, let's take a step back and review why the choice is so important for your patients.

Many of your patients may be at risk for hearing loss. The major comorbidities associated with hearing loss are social isolation and loneliness, depression, balance problems and falls, cardiovascular disease, diabetes, and dementia. Additionally, beyond the conditions noted above, there are other comorbidities linked to hearing loss, including, but not limited to fibromyalgia, anemia, psoriasis, rheumatoid arthritis, kidney disease, and sleep apnea.

It is important for those identified with one of the above comorbidities to seek a diagnostic hearing evaluation from an audiologist. Research has shown that even mild hearing loss doubles the risk of cognitive decline, moderate loss triples the risk and those with severe loss have a five times greater risk of cognitive decline. This change in the brain can start in mid-life because of mild hearing loss. Early research is indicating that hearing amplification may slow and even deter this change in the brain. Furthermore, patients overall have very high satisfaction with their

hearing aids. Thus, this a WIN-WIN!

You might be wondering, if hearing aids are so great why don't my patients wear them? Or maybe you're thinking - I'll just send them to get over-the-counter hearing aids, and all will be fine.

An important thing to remember about hearing loss is that unless it is a sudden loss, which should be referred to an otolaryngologist for treatment, most patients do not realize the severity of their loss. You see hearing loss onsets very gradually. It isn't usually until a family member points out how loud the TV is or that they have to repeat themselves frequently that a patient notices the changes in hearing. To subjectively quantify this to an objective measure is impossible. Therefore, referring your patient to the nearest drug store, big box retailer, or Internet is doing your patient an incredible disservice, as they are blindly picking an electronic device that may or may not be correct for their needs. Doing this may lead the patient to self-diagnosing a hearing loss, potentially missing a medical diagnosis indicative of a serious problem or simply a poorly self-fit with OTC hearing aids. Once the hearing loss is misdiagnosed the patient could delay necessary treatment for years, which might result in a potentially negative impact on cognitive function.

By referring your patients to a qualified audiologist to complete a diagnostic hearing evaluation, they will not only learn the severity of their hearing loss but how their brain interprets sound, as well as realistic expectations of hearing. From there, the audiologist can appropriately recommend a referral to the otolaryngologist, suggest over-the-counter hearing aids, or recommend prescription hearing aids.

What is the difference between an over-the-counter hearing aid and a prescription hearing aid? In short, a lot.

Over-the-counter hearing aids are nothing new. They have always been available online or in drug stores. However, there was no regulation or control over these devices, meaning the output could have been so loud that it could damage a patient's hearing. There was no control over marketing or warning labels. With the government stepping in, there is now regulation and control, which includes output limiting and warning labels on packaging. These new devices are simplified hearing aids just under \$1,000 for the pair and are designed for a “perceived” mild to moderate hearing loss. However, there is no support or follow-up care to

(continued on page 19)

Physician Wellness

Circling Back

Richard F. Lockey, MD

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I first wrote about physician wellness in the *HCMA Bulletin*, Volume 65, No. 6, March/April 2020. This is a follow-up.

Most medical institutions where physicians work, or are affiliated with, now devote considerable resources to physician “wellness programs.” Why do wellness and social-emotional issues seem much more of an issue to-

day than when I first became a physician in 1965? I do not remember such problems with colleagues, i.e., medical students or residents at Temple University or the University of Michigan or early in my career at USF in Tampa (1973). Counseling was available but of limited use, perhaps an oversight on my part. At Michigan, there were 21 residents in my internal medicine class. All graduated on time and seemed happy and content even though the hours and times on call, both in training and practice, were much more extensive than today.

The reasons for physicians’ dissatisfaction with medicine may be part of a general cultural malaise in North America. Some “hopelessness” is present even before an individual enters the medical profession. The percentage of high school students feeling hopeless has increased dramatically over the past several years (Ozone House.org). How much of this hopeless feeling is carried forward to the current-day physician is unknown.

Today, the medical student, in general, lacks a broad-based liberal arts education. Adequate GPAs, MCATs, and multiple scientific courses, often redundant, are the rule, not the exception for a student to qualify for admission to medical school. A liberal arts education helps ensure wellness, i.e., exposure to classical music (very few people under age 60 attend the Florida Symphony), literature, art, philosophy, history, geography, and others. Such education allows physicians to enjoy downtime away from medicine (it has for me!). Among other activities, I regularly listen to classical music and read historical novels, especially about American history and World War II.

What are some other fundamental changes in medicine causing a lack of wellness? When I graduated from Temple, our class collectively pledged the “Declaration of Geneva.” First, “I

will give respect and gratitude to my teachers.” While we were required to attend lectures and thereby interact with our professors, this is much less true today. Many medical students do not attend classes, they attend virtually, and therefore, are not as personally exposed to mentors with whom they identify, interact, and may choose to emulate. Mentors I knew and revered loved medicine, obvious to all of us, and we wanted to emulate them. Mentors during my day and age were not only important, but they were also essential. To this day, I can name at least ten of them. Most students today do not spend enough personal time on one service or with one attending to recognize a faculty member or practicing physician whom they would like to emulate.

Second, the Declaration continues, “I will maintain the honor and noble traditions of the medical profession.” Today, physicians are referred to as “providers” or “prescribers,” terms within degrees of professional education. Most physicians train until their early 30s and work extremely hard as pre-med students and through medical school and residency training. Much of their youth is lost in this training process. Today, the word “physician” is lost in the bureaucracy of medicine. A much better term is “physicians and other healthcare professionals.”

Third, in the same document, “My colleagues will be as my brothers.” We were taught that medicine was a fraternity and that we would care for one another. Gratis care for physicians and their families no longer exists. In addition, often because of a lack of professional cohesion, it is more difficult for physicians to interact one with the other; just try to get a physician on the telephone, particularly in a multi-specialty institution or a hospital. It is a miracle if the robophone allows you to even leave a message or if a first call succeeds. Communication between physicians is important, if for nothing else, for excellent patient care. It also promotes professional collegiality, necessary for wellness.

Another sentinel reason for dissatisfaction is the electronic medical record (EMR). While EMR is useful to template certain redundant procedures, it is much less practical and useful for physicians in internal medicine and pediatrics, including their subspecialties, and primary care physicians. They spend too much of their time on the computer documenting the visit, reviewing medications, ordering lab tests and diagnostic pro-

(continued)

Physician Wellness (continued)

cedures, and scheduling future appointments. Mandating that a physician use EMR, rather than the old-fashioned way of dictating a history and physical, recording office visit notes, or utilizing staff assistance to order tests, counsel and answer a patient's questions, and schedule a revisit, is not an efficient use of a physician's time.

What are some other solutions to the wellness crisis? First, physicians need to occupy their downtime with family and friends, and enjoy and participate in activities, intellectual or otherwise, to relax from the daily rigors of medicine. Second, they need to organize better, particularly in the institutions in which they work. No healthcare institution can exist without well-trained physicians. Physicians, for example, who need a scribe for efficiency and wellness, should be assigned one. It would be cost-effective and promote wellness. Physicians also must get more involved with colleagues, "brothers and sisters," so they can assist one another and their family members. Methods to do so should be routine and time-efficient in all medical institutions and clin-

ics. It makes sense for physician wellness and efficiency of patient care.

Likewise, physicians have to become more involved socially with colleagues in the community. Celebrations and parties were common in the 20th century and now, the practice of medicine is much more impersonal. Special gatherings at breakfast, lunch, and dinner, and other times and locations, would be very helpful. Short, concise presentations on subjects other than medicine should be welcome.

Equally important, physicians must become more politically active to assure that the profession is honored and is appropriately promoted as the ideal method by which to provide patient care. We can do so by joining the Hillsborough County Medical Association, and the Florida Medical Association, as well as giving to their respective political action committees.

Practitioners' Corner

(continued from page 17)

ensure proper programming and usage. There is little customization for a patient's specific hearing loss.

On the flip side, prescription hearing aids are complex computer systems completely customized and can benefit up to a profound loss. After a comprehensive hearing evaluation by an audiologist, the hearing aids are programmed accordingly to the hearing loss. The gold standard of care is to fit hearing aids using real ear measurements to calibrate the hearing aids to the patient's exact ear canal size and resonance. The patient is then followed for several follow-up visits to ensure proper fitting and usage. Once the patient is comfortable with the hearing aids, follow-up visits are scheduled every 4-6 months for maintenance. Despite what many think, prescription hearing aids are not just put on a patient, and then the patient is never seen again. Prescription hearing devices need to be monitored and cared for just like any medical device. Following gold standard protocol, patients report a high satisfaction level with their hearing aids and improved quality of life. Personally, over the years I have been honored to help thousands of patients on their journey to better hearing.

I reviewed how hearing loss impacts your patients and what different types of hearing aids are available. I encourage you to refer your patients to see an audiologist! I will be at the next HCMA Membership Dinner in February. Please stop by the Parkside Audiology booth to learn more about how hearing loss impacts your patients as well as OTC hearing aids and the latest features of prescription hearing aids.



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Physician Family Alliance

2023 Membership Update

Michael Kelly

Secretary/Treasurer

michael19452000@yahoo.com



There's good news for HCMA Physician Family Alliance members. The executive committee has voted to change our membership categories and pricing to reflect our mission more accurately, as a representative of physician families. Effective beginning with the 2023 membership, there will be one membership category and one fee for Alliance membership. The membership will be inclusive

of all physicians' family members so when you join the Alliance, your entire family, spouse, partner, children, and parents are included in your membership. The new membership cost is \$75 per year for physician families. Fellow, resident, intern, and medical student memberships remain complementary. We hope

you will consider joining us. A membership application is available by calling the HCMA office (813.253.0471) or by visiting HCMA.net/HCMA-Alliance.

Mark your calendar!

In other Alliance news, the date for our February Go Red event, benefitting the HCMA Foundation, has been set for Saturday, February 18, 2023. This year, the event will be hosted by my wife, Dr. Rebecca Johnson, and me, at our home on Davis Islands. Additionally, the 2023 National Physician Family Day will be celebrated on Saturday, August 27.

There are currently several committee chairmanships available. If you are interested, please contact me.

We are sad to announce, Carol Nieto who served as HCMA President in 1986, has passed away.

Carol Ann (Paterniti) Nieto, 77, died peacefully and comfortably surrounded by her children on October 28, 2022, following a period of declining health. She was born in Birmingham, England, on April 3, 1945, the daughter of the late Salvatore John Paterniti and Cecilia (Murphy) Paterniti. Carol was the wife of the late Ernesto Nieto, MD. She was the loving mother of Patricia Nieto, of Cincinnati, OH, Kevin Nieto, of Huntington, WV, and Kara Nieto, of Weston, MA., cherished grandmother of Michael, Andrew, Jack and Francesca. Sister of Tom Paterniti, and his wife, Sherri, of Albuquerque, NM, Tim Paterniti, and his wife, Roxanne, of Denver, CO, Sean Paterniti, of Albuquerque, NM, and Paula Dudley, and her husband, Michael, of Fredericksburg, VA. Also survived by many nieces and nephews. Carol spent many years residing in Tampa Bay, FL, where she and Ernesto raised their children. She moved to Huntington, WV, for several years before moving to Wayland, MA, to be closer to family, where she has resided for the past six years.

She graduated with a BS in nursing from the Mary Manse College School of Nursing with the class of 1963 and practiced nursing in numerous hospitals. For many years, she was associated with her husband in the daily operation of his medical practice in Tampa, FL. She and a close friend owned and operated The Porcelain Cup in Tampa, and she also was a realtor for several years. She was a strong advocate for many causes dear to her and worked very hard in making life better for others. A memorial service celebrating her life will be held in Tampa Bay, FL, at a later date in 2023. In lieu of flowers, her family kindly suggests that gifts in Carol's memory be sent to the American Cancer Society, P.O. Box 6704, Hagerstown, MD 21741 (cancer.org), Alzheimer's Association (ACT.ALZ.org), or to the Spring of Tampa (thespring.org). For condolences, please visit www.johncbryant-funeralhome.com.

Published in the Sunday, 11/13/22 Tampa Bay Times



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Summer 2022 Directory Update

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. You can update your profile at any time by logging into the HCMA website.

Please note the following updates to the Summer 2022 Annual Membership Directory:

Barry Bercu, MD

Membership category: Retired (updated)

Rich Castellano, MD

Specialty: Plastic Surgery - Facial

Office address: 4221 West El Prado Blvd., Tampa, 33629 (updated)

Office phone: unchanged.

H. Ronald Kennedy, MD

USF Morsani College of Medicine/Dept. of Medical Education (updated)

Neninger, Yamilet, MD

Specialty: Interventional Pain Medicine (updated)

Office phone: 813-873-7777

4509 North Armenia Avenue, Suite B, Tampa, FL 33603-2703

You're damned if you do...nap

A study published in the journal *Hypertension* reported that napping on a regular basis triggers an elevated risk of developing high blood pressure and having a stroke. Researchers found that snoozing during daylight hours was associated with a 12% higher risk of hypertension and a 24% risk of having a stroke when compared with those who never nap.

And damned if you don't...sleep long enough

The Washington Post cited a European study that showed people over 50 who got less than 5 hours of sleep at night put themselves at a higher risk of developing chronic diseases such as heart disease, depression, cancer, or diabetes. The study was published in the journal *PLOS Medicine* by British and French research teams. They found that those aged 50 who slept five hours or less were 30% more likely to develop chronic diseases, compared with those who slept seven hours or more. Sixty-year-olds had a 32% greater risk, and seventy-year-olds a 40% greater risk.

Editor's note: AND NO NAPPING TO CATCH UP!

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Letter to the Editor
October 6, 2022

Dear David,

I had to smile at your Editor's column in the Fall 2022 *Bulletin*. I, too, have been aware of the "#24" use of the word "like." As a linguist in graduate school, I authored a paper that was presented to the San Diego State University linguistic forum on the origin and uses of the word "like."

The current use of the word comes from what we call *Valspeak*, short for Valley Speak. We acquire language and associated dialects between birth and age twelve. Historically, we have learned to speak a language in the way it was taught to us, by those adults and peers who were around us during that time of language acquisition. Until the 1960s and 1970s, this was our parents, neighbors, and friends. Then, things changed.

More and more children were left alone with television as their primary source of language learning, resulting in the acquisition of a language and a dialect that did not reflect that which was local. Rather, the dialect that children learned was from Hollywood, California, including the San Fernando Valley, where most television programs originated. In short, children learned the dialect of Hollywood, nicknamed "*ValSpeak*". "Like #24" is one of many examples of this.

Michael Kelly
Linguist and Medical Spouse

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The Great Florida Outdoors

Ferns in Florida

Robert Norman, DO
skindrrob@aol.com



Ferns are among the most amazing species of plant on the planet.

During a recent walk at Brooker Creek Preserve, I spotted multiple species. With the help of my “Seek” app (iNaturalist), I added to my growing knowledge of the world of ferns. I know some people may like the World of Beer, but I would rather be in the world of ferns any day of the week. With 124 known native ferns, Florida has more species than anywhere else in the U.S. outside Hawaii or Puerto Rico.

Ferns are one of the oldest groups of plants on Earth, with a fossil record dating back to the middle Devonian, 383-393 million years ago (Taylor, Taylor, and Krings, 2009). Recent divergence time estimates suggest they may be even older, possibly having first evolved as far back as 430 million years ago (Testo and Sundue, 2016). According to Jerald Pinson, “Despite the venerable age of the group as a whole, most of the earliest ferns have since gone extinct. Groups like the Rhacophytales, which were possibly some of the earliest progenitors of ferns, the ancient tree ferns Pseudosporochnales and Tempskya, and the small, bush-like Stauropterids have all long ago disappeared. The diversity of ferns we see today evolved relatively recently in geologic time, many of them in only the last 70 million years.”

Oliver Sacks, one of my mentors, is “best known as an explorer of the human mind, a neurologist with a gift for the complex, insightful portrayals of people and their conditions that fuel the phenomenal success of his books.” He was also a card-carrying member of the American Fern Society, and “since childhood had been fascinated by these primitive plants and their ability to survive and adapt.” The best-selling author of *Awakenings* and *The Man Who Mistook His Wife for a Hat* carried his ceaseless curiosity and eye for the wondrous to the province of Oaxaca, Mexico to explore ferns and detailed it in his book *Oaxaca Journal* (OliverSacks.com). Having read his journal many years ago, it appears to have gained purchase in my mind. I now seek to learn more about fern morphology, phylogenetic relationships, the fern lifecycle, and the important role gametophytes play in the biology of ferns.

Today, ferns are the second-most diverse group of vascular

plants on Earth, outnumbered only by flowering plants. “With around 10,500 living species, ferns outnumber the remaining non-flowering vascular plants (the lycophytes and gymnosperms) by a factor of 4 to 1. How did ferns become so diverse, and what are the secrets to their success?” Pinson writes. “What traits do they share in common, and how are they different from other groups of plants?”

The front and back of the Tuber Ladder fern (*Nephrolepis cordifolia*):



Where can see the amazing Ferns of Florida? Get out into The Great Florida Outdoors!!

Thanks to Jerald Pinson from the American Fern Society.

The journal *Nature* recently published a study showing that genes that might have helped our medieval ancestors survive the Black Death in the 14th century, might have made us more susceptible to certain diseases today. DNA studies from the bones of more than 200 people from that time identified four genes that either protected against or increased susceptibility to the bubonic plague bacterium. Some of the genetic variants identified as protective against the plague are associated with certain autoimmune disorders, such as Crohn’s disease, rheumatoid arthritis, and lupus.

MEDICAL STUDENT MIXER

On Friday, November 4th, the HCMA, FMA, and AMA co-sponsored the annual USF MCOM medical student mixer at Sparkman's Warf. HCMA leaders, Drs. Eva Crooke, Arun Kalava, David Lubin, Malcolm Root, and Jennifer Ting, and HCMA administrative staff, Anni Blackwell, Elke Lubin, and Debbie Zorian, mingled with our future physicians on a beautiful balmy evening. Many thanks to Alexandra Mazur, (MD class of 2025) for coordinating the event.



Photos by Dr. David Lubin.

HCMA's September 13th Membership Dinner was "wildly" successful! Carlton Ward, Jr., a conservation photographer, author, and National Geographic Explorer, gave an excellent presentation on the contrast between Florida's explosive population growth and the need to preserve and maintain its critically important environment, wildlife, and ecology. His amazing photographs and storytelling captivated those in attendance. See the links on page 5 (About the Cover) for more information about Carlton's passion, Path of the Panther, or to view his incredible photography. Sponsors of the event were River Oaks Treatment Centers and Tampa General Hospital. To see all of the photos from the evening, please visit the HCMA's Facebook page, HCMADocs. *Photos by Dr. David Lubin.*



Carlton Ward, Jr.



Dr. Scott and Chelsea Anderson.



Dr. Jorge and Diane Melendez.



Dr. Joel and Nancy Silverfield & Dr. Saihari and Ashley Sadanandan.



Dr. Ralph and Kathy Rydell & Dr. Robert and Susan Isbell.



Drs. Damian Caraballo (HCMA VP), Hardeep Singh, Bruce Edson, Jay Rao (HCMA Past President), and Eva Crooke (HCMA President).



River Oaks Treatment Centers was a co-sponsor of the membership dinner: Dr. Michael Murphy (Executive Medical Director), Michael Kimball, Hoyt Smith (COO), Mattie Velasco, Dr. Abbas Sina (Associate Medical Director), and Jeff Turiczek (CEO).



Drs. Ihab Herraka, Ali Abbas, Kriston Kent, Seena Salyani, and Alfredo Mendoza.



Dr. Eva Crooke (HCMA President), Dr. Sirisha Tirthala, Dr. Venkat Muvva (non-member guests), and Debbie Zorian (HCMA Executive Director).

HCMA's November 8th Membership Dinner not only honored veterans and HCMA Past Presidents, but also two members, Dr. Douglas Holt and Dr. Terri Ashmeade, were presented with the HCMA Outstanding Physician Award and the Dr. Frederick A. Reddy Memorial Award, respectively, for their outstanding work in our communities. The evening's guest speaker: Captain Jeffrey W. Timby, MD, Central Command Surgeon, MacDill AFB. To see all of the photos from the evening, please visit the HCMA's Facebook page, HCMADocs.



Past Presidents: Drs. Bruce Shephard (2006), Jayant Rao (2019), John Curran (2008), and Thomas Bernasek (2018).



Past Presidents: Drs. Hunter Eubanks (1992), Ralph Rydell (1986), Edward Homan (1999), and William Davison (2012).



Past Presidents: Drs. Ronald Seeley (1980), Robert Isbell (1983), Joel Silverfield (2021), Hernan Leon (1991), and Michael Cromer (2020).



The "first ladies:" Kathy Rydell, Tammy King, Coleen Shephard, Dr. Carol Hodges, Esperanza Leon, Susan Isbell, Carol Cromer, Mary Seeley, and Becky Eubanks.



Jeffrey W. Timby, MD, Central Command Surgeon, MacDill AFB.



Dr. Eva Crooke (HCMA President), guest speaker Captain Jeffrey Timby, MD, and Debbie Zorian (HCMA Executive Director) whose upcoming birthday was announced during dinner!



Dr. Eva Crooke presented Dr. Terri Ashmeade with the Dr. Frederick A. Reddy Memorial Award.



Dr. Bruce Shephard presented Dr. Douglas Holt with the HCMA Outstanding Physician Award for his efforts to educate the public and members during the COVID pandemic.

November 8th Membership Dinner (continued).



Drs. Eli Rose and Janet Marley.



Drs. Teri Hlavacs, Margarita Cabrera-Cancio, and Martha Price.



Drs. Laura Haubner, Elham Yousef, and Mark Moseley representing Tampa General Hospital.



Meeting co-sponsors Jeremy Enns (OneDigital) and Patti Thompson (Shea Barclay Group).

Photos by Dr. David Lubin.

HAPPY HOLIDAYS!

Whatever is meaningful and brings you happiness, may it become yours during the holidays and throughout the coming year.



~ HCMA Administrative Staff
Elke, Anni, Asta, Jean, & Debbie

Personal News



In Memoriam

Betty Theresa Gutowski, 96, mother of HCMA member Dr. Gregg Gutowski, passed away on September 9, 2022, with family at her bedside. She was a member of St. Clement Catholic Church. She loved her family dearly, and enjoyed traveling, camping, sewing, and golfing. She was preceded in death by her beloved husband of 74 years, Arthur Frank Gutowski. She is survived by her five children, eleven grandchildren, four great-grandchildren, two great-great-grandchildren, additional family members, and friends. In lieu of flowers, memorial contributions may be made to St. Clement Catholic Church at stclementpc.org.

The HCMA has been out and about!



Debbie Zorian (HCMA Executive Director) and Anni Blackwell (HCMA Event Coordinator) attended the Florida Physicians Alliance general membership meeting held on August 25th. The event also honored HCMA member, Dr. Stephen Kreitzer, pictured with his wife Laura, to celebrate his recent retirement.

HCMA Executive Director, Debbie Zorian, has been promoted to great-grandmother!



Debbie and Addi

On October 12th, Debbie's granddaughter, Amber, gave birth to Addilynn Rose. Healthy, beautiful, and a chunky 8lbs, 5oz., "Addi" has already brought an overabundance of happiness to the family. Debbie's 92-year-old mom, now a great-great-grandmother, will be among the five generations celebrating this remarkable family milestone during the holidays. Debbie looks forward to sharing a five-generation photo soon!

35 and counting...



Elke, Samantha, and David

HCMA Executive Assistant, Elke Lubin, celebrated 35 years with the HCMA on November 13th! In 1987, when Elke joined the HCMA team, there were 1,111 HCMA members

(nearly 2,700 today), a first-class stamp cost 22 cents, Three Men and a Baby was the highest-grossing movie of the year, the Giants defeated the Broncos 39-20 in Super Bowl XXI (Tom Brady turned 10 that year), it would be five years before the Tampa Bay Lightning franchise was founded, six years before her daughter, Samantha, would be born, and 25 years before marrying Dr. David Lubin. From membership coordinator & grievance secretary to managing editor & executive assistant, Elke's long-term tenure is a true testimony of her contributions and dedication to the HCMA, its members, and organized medicine.

A Mrs. Doctor is in the House



Congratulations to Karen Gonzalez Pittman, wife of HCMA Past President, Dr. Chris Pittman, for being elected to serve as House Representative for District 65. We look forward to working closely with Karen to promote medicine's issues within the legislature.

The Lunch Bunch was at it again...



Our virtual lunchtime social group, the Lunch Bunch, met with one of the original Tampa Bay Lightning players, Brian Bradley, who now serves as the Community Relations Representative for the Vinik Sports Group. Watch the video by visiting the Hillsborough County Medical Association YouTube channel.

The Card Shop

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