A large giraffe stands in a shallow, brownish body of water, likely a river or stream. Its long legs are partially submerged, and it appears to be drinking or cooling off. The giraffe's distinctive brown and white patterned coat is clearly visible. The background consists of tall, dry, golden-brown grass and some sparse trees under a clear sky.

NOV/DEC 2010

Bulletin

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

Africa Adventure

Assisted Suicide?

Occupational Medicine

Industrial Medicine



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Medical Society

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Des Moines, Iowa
Nov/Dec 2010

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Bulletin

NOV/DEC 2010

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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Cover Photo: Dr. Louis and Pat Schneider

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PCMS Members
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“Assisted Suicide: ,”

A patient’s right - or not



Janie C. Hendricks, D.O.

We lost a colleague to suicide last month. Barbara DeHaven, M.D., was a strong, quiet, unassuming woman. She graduated from the Medical College of Virginia at a time when very few women were admitted to medical school. I liked Barb immediately when I met her. She reminded me a lot of her son Matt whom I had always respected and admired.

Dr. DeHaven served as a physician in Haiti and India with the United Christian Missionary Society. She also earned a master's degree in library science and became the first medical librarian at the Mary Greeley Medical Center in Ames, Iowa.

At some point after finding out she had dementia, this intelligent, thoughtful woman made an educated decision to end her life. She did not ask her family or her physicians to help. I suspect she did not wish to put

someone in an untenable position, knowing the consequences legally and emotionally. No one knows exactly how, why, or when she made this decision, we can only guess based on how well we knew Barb.

This was not just a suicidal gesture, as indicated by her chosen method. Barb had researched assisted suicide in her last months of life and had articles on assisted suicide in her possession. Had assisted suicide been an option, perhaps her last few hours or days could have been more comfortable.

Barb still had a good quality of life and a very supportive, involved family. Had I been able to assure her that when she became unable to make her own decisions, I could legally help her end her life, perhaps she and her family could have enjoyed each other for a few more months or years.

Assuming physician assisted suicide were legal in Iowa, could I have made these assurances? I don't know, but at this point, assisted suicide

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is illegal in Iowa. Barb felt she needed to take matters into her own hands and end her life while she still had the mental faculties to form a plan.

I must admit that losing my mind or becoming demented is something that I fear. I'm not certain I would have the strength to end my life, but I certainly fear living in a world over which I have no control. Dr. DeHaven was a female physician at a time when most women did not work outside the home. She obviously made many important decisions over the course of her lifetime. This was one final decision that she made after careful consideration and research.

I must admit that I have not thought a lot about assisted suicide. In looking into the Oregon law, it appears that Dr. DeHaven would have had to take her life while she was still able to make her own decisions. The law does not

allow physicians to administer drugs, only to prescribe them. I know that there are easier ways to end one's life than the one Dr. DeHaven felt forced to enlist however.

If there is a take-home message from this situation, perhaps it is that we as a society need to explore more options for end-of-life issues. Medical residents now receive more training in hospice care and palliative care. Physician assisted suicide, though counter-intuitive to our training to save lives, may at some point become a part of our medical curriculum.

Perhaps as a consequence of Dr. DeHaven's final actions, we could all consider what we would do in the same situation and what options we would like to have available for our end-of-life decisions.

A collage of black and white photographs showing various patients and staff members, including a young girl, an older man with glasses, a smiling couple, a woman in a hat, and an older man adjusting his glasses. A banner across the middle of the collage reads "Caring for their health".

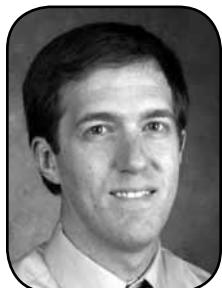
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“ Occupational/Environmental Medicine: An Overview ”



Michael Knipp, M.D., M.S.

to occupational groups. Later figures including Ulrich Ellenbog, Agricola, and Paracelsus described and sometimes suggested solutions for ailments and working conditions although often not understanding the exact underlying etiology. Bernardino Ramazzini's work stands out historically as paramount in the endeavor to understand how human work may produce human illness. Among his contributions are clinical descriptions of a wide scope of occupational diseases, first hand observations of workplaces, early inroads into the discipline of ergonomics, and perhaps most memorably, admonishing physicians to add another query to those suggested by Hippocrates when obtaining a clinical history: "What is your occupation?"

The medical specialty specifically concerned with recognizing, preventing, and treating disease related to occupation has itself evolved in recent history in setting, scope, and name-

from "industrial medicine"- with clinics located on site in plants treating workers in a specific occupation, to "occupational medicine"- treating patients in a wide variety of settings, to "occupational and environmental medicine/ health"- encompassing not only treatment, but research, policy, and program management. Our specialty occupies a crossroads between different invested parties: the patient and employer specifically, but in general, industry, medicine, government, and public interest.

Occupational/Environmental Medicine is itself a subspecialty of Preventive Medicine. Unlike other specialties, many practitioners in the field have historically not had formal residency training, instead coming into clinical practice mid career after completing coursework offered by an organization in the specialty. Residency training consists of a year of clinical experience (which may be in internal medicine, family practice, or surgery, for example) followed by a two year program during which residents complete formal coursework in relevant fields (occupational/environmental medicine, toxicology, ergonomics, industrial hygiene, epidemiology, biostatistics, legal aspects, management, and others), clinical rotations,

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and practicum experiences. Completion of the residency program results in board eligibility as well as a Master of Public Health degree (or equivalent). Career opportunities are varied. Most participate in full time or at least some clinical practice. Other careers may be found within industry, government, academia, and consulting. Some in the specialty include work in several of these sectors as part of their overall practice.

The clinical practice of Occupational/Environmental Medicine is comprised usually of worker evaluation (pre-employment, medical monitoring, fitness for duty, independent medical examinations), and occupational injury or illness management (workers' compensation). Other services might be provided depending on practice setting. Musculoskeletal injuries and minor trauma (eye foreign body, lacerations, and minor burns) are commonly seen. We are often asked to opine as to the work relatedness of an injury or condition. Additionally, we may act as a resource regarding industry regulations as they pertain to worker health, safety, and disease prevention.

Like other specialties, Occupational/Environmental Medicine evolves. As human work changes, so must the efforts to prevent and treat disease resulting from that work. New research findings inform and change industry regulations which in turn demand the evolution of best clinical practices to minimize morbidity and mortality from occupational and environmental disease. This process is represented, for example, by the emerging field of nanotechnology, an industry which holds promise but also challenges to be met in understanding its effect on human health and those engaged in it.

For more information, please visit www.acoem.org, the website of the American College of Occupational and Environmental Medicine.

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“ Prescription -- Industrial Medicine , ,



Joshua Kimelman, D.O.

1908 under President Taft's administration, the first workers' compensation laws were enacted for workers involved in interstate trade. These new laws brought the first programs in Industrial Medicine. *It's not 1908 anymore...* occupations and industry have changed, workers' compensation laws and regulations are unrecognizable to their early counterparts, and the system to protect injured workers has advanced tremendously, and unfortunately so have the costs.

Enter, Industrial Medicine, a specialty that has been redefined as industrial changes have occurred over the past decades. Today, Industrial Medicine's specific focus is designed to proactively reduce the frequency and severity of injury occurrences for employers throughout the United States. The Industrial Medicine program of 2010 is a goal oriented medical service working in tandem with employers to offer a multitude of services including, comprehensive assessments and medical care at the time of the initial injury, effective return to work programs,

While New York failed to pass a comprehensive workers' compensation plan in 1898, followed by failed attempts in a few other states, in

specific diagnostic testing, on-site and off-site job analysis to reduce injuries, preparing detailed and accurate medical reports, and performing Independent Medical Evaluations and Impairment Ratings to facilitate closure for complex cases. Industrial Medicine plays an integral role in the work comp arena working with insurance companies, third party administrators, municipalities, attorneys, and employers.

An inclusive Industrial Medicine program addresses health related issues that affect productivity and profitability as well as the treatment and management of work related injuries. Many metro Des Moines industries have realized the need to better manage work related musculoskeletal injuries and there are physician groups responding to meet this need. Iowa Ortho is one of them. In late 2009, when Iowa Ortho opened its new state-of-the-art orthopaedic facility, the decision was made to expand services to include a dedicated orthopedic Industrial Medicine program.

"At Iowa Ortho, we recognize that Industrial Medicine is a complex subspecialty requiring highly trained personnel and state-of-the art facilities for imaging and other diagnostic studies. Our program is focused on early intervention, diagnosis and treatment. Iowa

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DOCTORS IN THE NEWS



Congratulations to **Susan Beck, D.O.**, who was featured in the **Des Moines Register** Health Section on October 20 as a physician using a new procedure for locating cancerous breast tumors.



Congratulations to **Lynn Lindaman, M.D.** who attended the 2010 NIH International Meeting on Fibrous Dysplasia/McCune-Albright Syndrome and Cherubism at the National Institute of Health in Bethesda, Maryland on October 3rd- 5th. Dr. Lindaman participated in the Orthopaedic Proceedings group with Dr. Arabella Leet of Johns Hopkins University, Baltimore MD; Dr Shlomo Wientroub of Dana Children's Hospital in Tel Aviv; Dr. Robert Stanton of Nemours DuPont Institute in Pensacola FL; Dr Dempsey Springfield of Massachusetts General Hospital/Harvard University in Boston MA; and Dr. Ernesto Ippolito of the University of Rome Tor Vergata in Rome.



Congratulations to **Michael Jacoby, M.D.** who was featured in the **Des Moines Register** Health Section on November 17 recognizing his many years of experience and treatments of Botox, including a new treatment to help those suffering from migraines.



Congratulations to **Christopher Blodi, M.D.** who served as a mentor teaching others to perform oral board exams for the American Board of Ophthalmology.



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Ortho's team of physicians, nurses and therapists is uniquely trained to return industrial patients back to work and a normal lifestyle as soon as possible. Prevention of future injuries is a key part of our care. The sooner we are able to get involved in patient care, the more we are able to reduce costs and improve outcomes associated with workers' compensation claims," states Iowa Ortho President, Kyle Galles, M.D.

The search was on to find a dedicated Industrial Medicine specialist who would lead Iowa Ortho in developing an orthopedic Industrial Medicine program. Successfully practicing Industrial Medicine in Kansas for the past 16 years, Michael Munhall, M.D. was up to the task. He's not in Kansas anymore and his comprehensive knowledge of the components to structure an effective and focused Industrial Medicine program for the metro Des Moines area is proving to be a good strategy. "The work comp industry requires exceptional care provided in a timely manner, with factual and essential information communicated to all parties involved, while remaining focused on returning the injured employee safely to work," states Dr. Munhall. He notes that orthopedic Industrial Medicine is especially significant since many musculoskeletal injuries can present with difficult return to work issues. "It's important to blend all disciplines when treating orthopedic work related injuries. Iowa Ortho has all the components to do this. If surgery is not an option, the key to a successful return to work program begins with early intervention, effective follow-up, supervised interventions, and swift return to work. A dedicated orthopedic Industrial Medicine program can dramatically reduce the associated cost of workers' compensation claims," says Dr. Munhall. While he's only been in Iowa for a short time, his presence is being noticed by many employers, insurance companies, and those in the work comp arena

Alaris Group Case Manager, Marsha Armstrong, R.N. has been in the work comp claim industry for twelve years. Marsha has praise for the Iowa Ortho orthopaedic Industrial Medicine program and the results she's noticing. "It's a real benefit to the injured worker, employer groups, and the work comp industry, to have the ability to utilize a dedicated Industrial Medicine program in the Des Moines area. The ability to get injured workers in promptly at the initial time of injury, and the accessibility to discuss the case is crucial. It assists us in managing the cases starting day one and bringing them to closure. This new service provided by Iowa Ortho is a tremendous asset in medical management of work comp cases," states Marsha.

Kevin Ward, CEO of Iowa Ortho, is very pleased with the success of the new service, "Developing a dedicated orthopaedic Industrial Medicine program has proven to be an asset for industries in metro Des Moines. With the expansion of the Iowa Ortho state-of-the-art Center of Excellence that opened in late 2009, we have the ability to provide multiple services at one location. This is a tremendous cost savings to the work comp industry by avoiding an emergency room visit and trips to multiple locations for examinations and diagnostic services, allowing the initial triage and diagnosis through Industrial Medicine. This new program has been well received by the employer industry within the metro Des Moines area."

It's not 1908 anymore...Industrial Medicine welcome to 2010.

“DR. LIVINGSTONE WE UNDERSTAND”

by Louis Schneider, D.O.



When Stanley met Livingstone in Africa and uttered his now famous words, “Dr. Livingstone I presume?” little did he know the effect that Livingstone explorations would have held for the rest of the world. When he died some 6 months later, England requested his body be shipped back to them for proper burial in

Westminster Abbey. His new found family in Africa relented but cut out his heart and sent the body back to England with a note attached saying, He is an English citizen but his heart belongs to Africa. After our first trip to Africa, we now understand why. If you only take one adventure your whole life, it should Africa.

Pat and I arrived in Johannesburg in early September, their late winter, start of spring. This is perhaps the best time to see animals because the bush is still dry and trees are missing leaves. We stayed at a wonderful hotel there the Michelangelo, which is connected to Nelson Mandela Square, one of the finest shopping areas we had ever seen. Along with Local artisans, every major designer known to man was there alongside some fabulous

if animals were roaming that close to our accommodations so we did comply. At night we made sure we had staff with us at all times since animals roam free and we in essence are in the cages so to speak. Monkeys were in abundance everywhere and if one were slow to eat a muffin or toast in the morning monkeys would swoop down and grab them before you could utter a word.



restaurants all sporting local delicacies as well. Our first game reserve was a location called Phinda in South Africa located about 50 miles inland to the Indian Ocean. What a delight to wake up to elephants and zebras drinking water out of our swimming pool. We had been advised that we should stay inside

Our days started early in the camps much to Pat's dismay. We were awakened by staff at 5:30 a.m. but at least they arrived with coffee, hot chocolate and biscuits to get us started. We were off in the open air land rovers where our private guide and tracker would set out to see what animals were up to early in the morning.

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2011 PCMS Candidates for Office

In accordance with the Bylaws of the Polk County Medical Society, the **Nominating Committee** presents the following Slate of Officers for 2011:



PRESIDENT – John N. Zittergruen, D.O.

John Zittergruen, D.O., specializes in Family Medicine at 6010 Mills Civic Parkway, West Des Moines. He has been a member of PCMS since 1977 and a Councilor since 2007.



PRESIDENT ELECT – Lynn Nelson, M.D.

Lynn Nelson, M.D., specializes in Orthopaedic Spine Surgery at 6001 Westown Parkway, West Des Moines. He has been a member of PCMS since 1994 and a Councilor since 2009.



SECRETARY/TREASURER – Philip Colletier, M.D.

Philip Colletier, M.D., specializes in Radiation Oncology at 411 Laurel Street, Suite C100, Des Moines. He has been a member of PCMS since 1998 and a Councilor since 2005.



COUNCILOR – Donny W. Suh, M.D.

Donny Suh, M.D., specializes in Pediatric Ophthalmology at 6200 Westown Parkway, West Des Moines. He has been a member of PCMS since 2000 and Secretary/Treasurer since 2009.

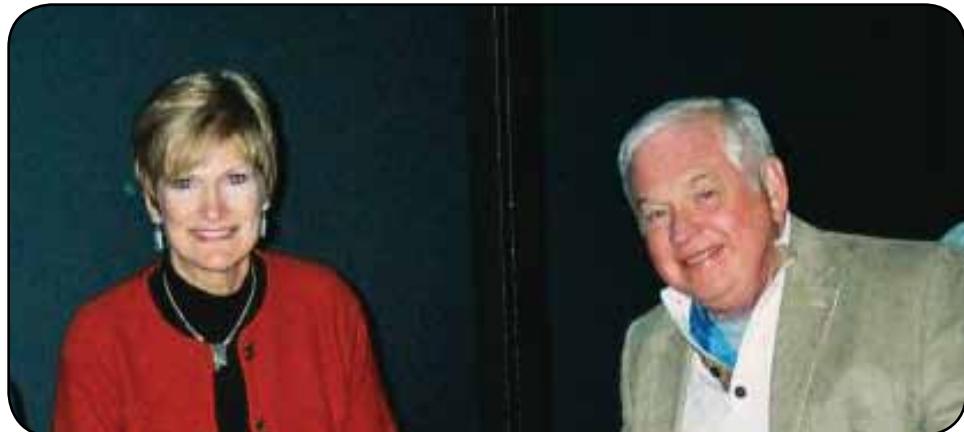


COUNCILOR – Tracy L. Ekhardt, M.D.

Tracy Ekhardt, M.D., specializes in Pediatrics at 1200 Pleasant Street, Des Moines. She has been a member since 2009.

“Mary Poppins”, at the Civic Center

The Polk County Medical Society members, family, staff, and friends enjoyed the Christmas Civic Center show **Mary Poppins** on December 8. Several hundred members enjoyed the camaraderie, the dinner prior to the show, and the play. Thanks to **Foster Group and Jaguar Des Moines** who sponsored the dinner that evening.



L-R Beth & Dr. James L. Blessman



L-R Dr. Basaviah & Madhu Chandramouli, Dr. Majed W. Barazanji & Dr. Nuha Shash-Barazanji

CIVIC CENTER EVENT



L-R Dr. Steve Eckstat, Victoria Eckstat, Matthew Eckstat, and Victoria's family from Spain



L-R Dr. Eden H. B. Murad & Dr. Marshall C. Greiman

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We saw numerous elephant herds, zebra, wild buffalo, lions and leopards until 10:00 a.m. when we went back to camp for a full breakfast. A couple of days we were amazed to see a white table set for breakfast in the middle of the bush and a staff person in a white jacket waiting for us to provide, mimosas, crepes, pancakes and fruit as a snack before we went back to camp. Our first encounter with this in the bush we made pigs of ourselves before we realized that this was indeed just a snack. Breakfast was still waiting for us back at camp.

Back at camp, we were free to roam around the area as long as it was light outside. The main

lodge was just a few hundred feet from our cabin so it made for easy access. The cabins we were in were not your usual cabin. They consisted of a main bedroom, very large. A large bathroom with inside and outside showers, large tub, big enough for 2-3 people it seemed. And a sitting area where one could read, relax and veg if you wanted to. Pat usually reads 5-7 books on average on vacation but this trip was the exception. She never even picked up a book because there was something going on all the time. Our chefs prepared lunch around 2 in the afternoon and at 4 we would have high tea and leave around 4:30 to go out on our game drive to see nocturnal animals. These would



be cheetahs, hyenas, some lions, leopards and miscellaneous creatures about. You would see their eyes light up for quite a distance before you could tell the type of animal. It was amazing to watch them at night. You were close enough to some that if you reached out you could pet them as they walked by our car that is if you didn't need that arm.

We ventured next to a preserve at Sabi Sands, quite different from Phinda in a number of aspects. Not only in typography but in animals as well. Each camp boasted its own personality as well as staff differences. We discovered that Africans in general are probably one of the

most accommodating groups we have ever encountered. Anything you asked was done with a smile and always done well. Guides also seemed to have wonderful senses of humor, which helps when traveling with Pat and me. Practical jokes were common and we did manage to get a couple of them on our guide ourselves. Luckily, YouTube was nowhere close to record them.

We were told that baboons were a huge nuisance and to make sure that doors were all latched from the inside as they had figured how to open doors and trashed a couple of lodges. We never did get close to baboons. Pat figure

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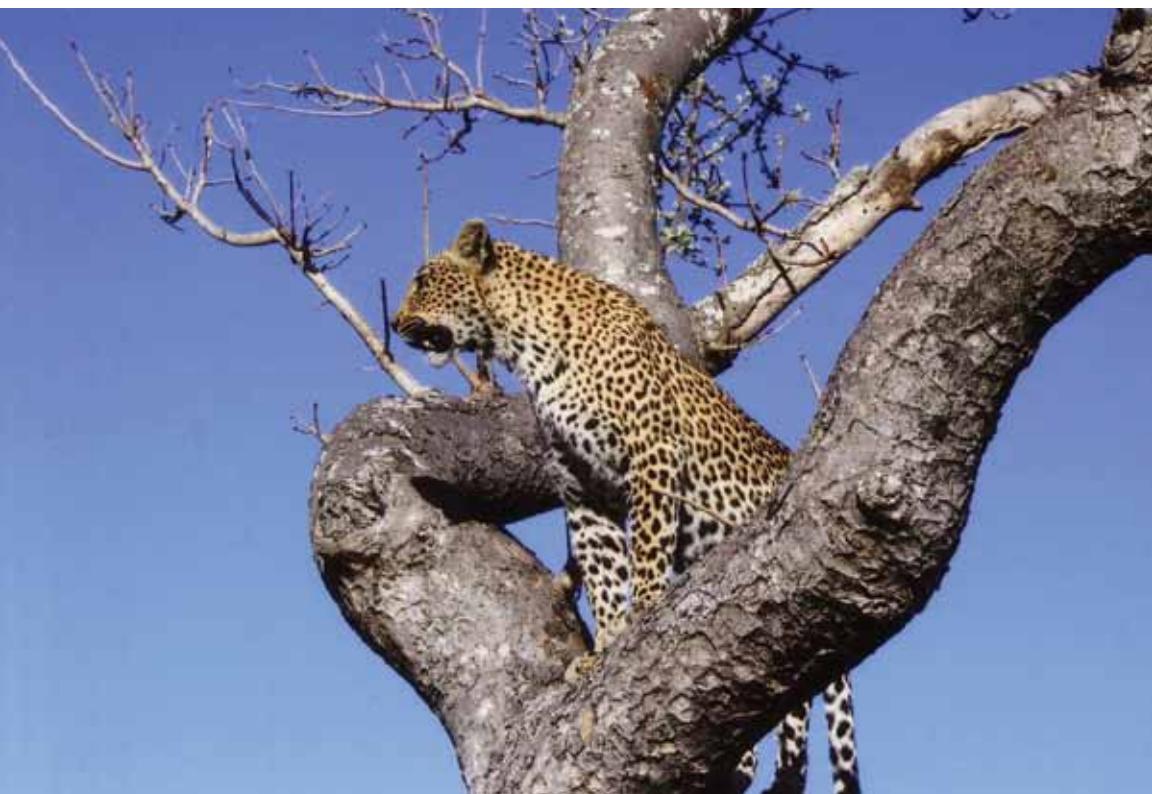
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it was because they saw me naked in the shower and was afraid. Very afraid.

From Sabi Sands we took a day back to Johannesburg to one of the most luxurious hotels we had ever been in, The Saxon where Nelson Mandela stayed when he was released from prison and where Oprah stays when she goes to visit her all girls' school. The hotel suite was probably 1500 s.f. of pure luxury from the champagne waiting for you when you arrived to the fruit basket when you came in from being out all day. Our dilemma here was that we all had only safari clothes so we felt a bit out of place until we saw everyone else was in the same boat.

The next day we were off to Victoria Falls and the Grand Livingstone. This was located on the border between Zambia and Zimbabwe and was truly majestic. Livingstone was the first white man to see the falls and due to his white hair, the natives thought he was a god. Pat told me it only worked for Livingstone. Victoria is one of the largest waterfalls in the world and also one of the seven natural wonders of the world as well. It also contains a wonderful rain forest, which we toured and got very damp from all the mist coming off the falls. Everywhere we went we had extremely knowledgeable guides at every step. From the animals to vegetation, they knew everything



about their territory. Very humbling for a people that by our standards are 3rd world, or so we thought.

From Victoria we were off to the Okavango Delta. This is where it got very interesting. We took a large plane from Johannesburg to a small town where we boarded a small bush plane for 1/1/2hrs then landed on a very short dirt landing strip to board a waiting helicopter for a short 20-minute flight. We were flying so low in the helicopter you could easily see zebras, giraffes and elephants from your window. Then a waiting boat picked us up for the last leg through the Delta. Since it was just coming

out of winter the landing strips for bush planes were still underwater so that's why we had to make other arrangements to get to our last camp. James Bond had nothing on us. Because of all the water, we had hoped that we would be able to see the one animal that had eluded us the entire trip, the hippo. Hippos have very sensitive skin, so they stay under water most of their lives and make it very difficult to photograph. But sure enough on out last day we ran into a large group of hippos. They are not the sort you want to run into however because they don't like to be disturbed, which is what we discovered when our boat found them. The mother hippo was not happy since she

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If you are interested in joining our staff at VA Central Iowa Healthcare System and living in an exciting metropolitan area, please send a current CV to Judy Miller, HR Specialist, VA Central Iowa Healthcare System (05), 3600 30th St., Des Moines, Iowa 50310 or fax to 515-699-5468 or e-mail Judy.Miller2@va.gov. Applications will be considered until position is filled. Visa waiver applications considered. 

In Memory of

George Caudill, M.D.



A Life Remembered

George Caudill was born in Des Moines November 15, 1921. He graduated from North High School in 1939 unaware that his academic difficulties he later learned were from dyslexia.

Throughout his life, he was continually frustrated by educators' lack of attention paid to dyslexic students. He made awareness of dyslexia a life-long pursuit, counseling young people, that dyslexia was a path to success, not a sentence to a life of mediocrity.

Dr. Caudill served in the United States Navy as a corpsman and later a chief pharmacist mate, stationed at Great Lakes Naval Base and served abroad in the South Pacific where he met his wife, Dorothy Swendsen who he married in 1948. They were married 62 years and blessed with 5 daughters, 1 son, and many grandchildren.

George graduated in 1952 from the University of Iowa medical school. He completed his

residency at Blank Hospital in Des Moines and practiced pediatric medicine until 1963 when he returned to U of I for postdoctoral work in allergy and immunology.

During the 1960s, he edited and revised the Better Homes and Garden Baby book as the needs of children transformed. He served as a member of the Des Moines Board of Education and believed strongly that all students in the public school system should have equal opportunity for a quality education.

In his 30-year medical career, Dr. Caudill also served as team physician for Lincoln High's football team and as a clinical assistant professor at the University of Iowa. In retirement, he established a free medical clinic to treat undeserved children. Dr. Caudill will be greatly missed in our community.



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“ The Transformational Power of Writing ,”



Monica C. Hanson, M.D.

of Iowa, in the company of writers from all over the US and a few from abroad: doctors, nurses, other health care professionals and medical students. I learned that in 2008 UNESCO declared Iowa City as one of the 3 “literary cities” in the world (the others are Edinburgh, Scotland, and Melbourne, Australia) and I confirmed that several Pulitzer prize winners have been writers with literary connections to the University of Iowa Writing Program, including Iowa Writers’ Workshop alumnus Paul Harding, who was recently awarded the 2010 Pulitzer Prize for fiction with his novel, **Tinkers**. In fact, since 1967, more than 1100 writers from more than 120 countries have attended the International Writing Program, including Nobel laureate Orhan Pamuk, from Turkey. The alchemy for writing in that bucolic city is tangible, as demonstrated by Nick Flynn’s reciting of his poetry, and by the

Last April I fulfilled a dream by attending a workshop called **The Examined Life: Writing and the Art of Medicine**. I spent 3 wonderful literary days at the University

testimony of Lan Samantha Chang, author, and Director of the Iowa Writers’ Workshop.

We spent our time listening to medical narratives from various perspectives, and discussing their importance in the lives of doctors, of other health care providers, as well as in the lives of patients. I heard a gentle, retired doctor, Pat Cancilla, read a story about his recollection of a funny episode when he made a house call. Dr. Fred Platt, from the University of Colorado School of Medicine, talked about poetry in medicine as “a way to help us understand the nature of suffering, of grieving and of loss, phenomena we encounter daily.” Dr. Sayantani DasGupta from the Columbia University Program in Narrative Medicine, read her poignant and engaging essay, titled “Writing is Risky”-. Dr. Fred Platt, from the University of Colorado School of Medicine, talked about poetry in medicine as “a way to help us understand the nature of suffering, of grieving and of loss, phenomena we encounter daily Resistance: Narrative, Health and Social Justice. As a daughter of a political journalist who courageously wrote daily columns about these issues and, having been a teenager and a young adult in the dark, oppressive times

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Collaboration.

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Supporting the clinician/patient relationship is at the heart of Wellmark Blue Cross and Blue Shield's commitment to making it easier for clinicians and health care facilities to do business with us. We actively promote the concept of the medical home, and explore innovative ways to share information with providers to help them improve the delivery of care.

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of military dictatorship in my country, Brazil, when newspapers, books, plays and songs were censored by the government, and when politicians, writers, journalists, intellectuals, artists and students were tortured, exiled and sometimes killed, I know in my heart how risky writing is. However, I also know in my heart the transformational power of writing.

I listened to a doctor, who wrote an emotional and beautiful essay about her scary journey since her diagnosis of breast cancer. As a patient, she talked about the coldness and the bureaucracy of the medical system of which she, as a doctor, is also a part. I agree with her. I learned long ago that it is when I am a patient that I learn the most about the art of being a doctor. It is when I am a patient that I become much more aware of the full weight and meaning of our words, of our tone of voice and of our gestures as physicians. It is when I am a patient that I have the truest realization of the importance and the nobility of our profession. It is when I am a patient that I conclude, with certainty, that intellectual knowledge and technical expertise alone do not make us great doctors and that, besides these qualities, it is the expressed caring and kind interest that a doctor has for his or her patient that establishes our human connectedness and instills trust. Care and kindness are essential needs when our bodies and our minds are troubled.

We learned that in some areas of the country writing is used in the waiting rooms of physician's offices and also as a form of therapy with chemotherapy patients. Yet another example to make us ponder our medical jargon comes from Julia Darling, a cancer patient. This

is part of a letter she wrote "Dear Doctor, I am writing to complain about these words you have given me, that I carry in my bag: lymphatic, nodal, progressive, metastatic. They must be made of lead. I haul them everywhere. And when I get them out and put them on the table, they tick like bombs and overpower my own sweet tasting words: orange, bus, coffee, June." The new movement across the country to introduce humanities in the curriculum of medical schools is a meritorious attempt to humanize the practice of medicine by enlightening future doctors and encouraging them to open themselves to appreciate the strengths and the vulnerabilities of the human spirit, expressed, since ancient times, through the various forms of art. In this way, they will hopefully become more aware of the universality and of the complexity of human emotions, and will become more empathetic listeners, not only to their patients, but also to themselves.

Writing is an exercise of analysis and of reflection, of soul searching for comfort, for meaning or for pleasure, and it is an effective way to bridge our human separateness. When we write, we also heal, and when we share what we write, we share our human vulnerabilities and we share our hopes.

JANUARY BIRTHDAYS

1	12	22
David M. Agey, M.D.	Jessica Sandmeier, D.O.	Ahmad Y. Al-Shash, M.D.
Thomas M. Brown, Jr., M.D.		
Mark A. Burdt, D.O.		
3	13	23
Wendi Harris, M.D.	Marnie M. Loftus, D.O.	Thomas P. Luft, D.O.
	Gerald D. Loos, M.D.	
	Julie M. Vogel, D.O.	
4	14	24
Wook J. Kim, M.D.	Jeffrey D. De Francisco, M.D.	Christopher M. Johnson, D.O.
Michael P. Mohan, M.D.	Kyle E. Rogers, M.D.	Julie N. Van Beek, M.D.
Lynn D. Owen, D.O.	Jane A. Schrader, M.D.	
5	15	25
Robert S. Brown, M.D.	Daniel M. Waller, M.D.	Jennifer R. Booth, M.D.
Geoffrey Miller, M.D.	Melissa Young, M.D.	William J. Burke, M.D.
6		Neelima R. Chennupati, M.D.
Vincent L. Angeloni, M.D.	Deanna B. Boesen, M.D.	Jeffrey M. Farber, M.D.
John G. Brady, D.O.	Ryan Coppola, D.O.	Marc A. Molis, M.D.
W. Dale Franks, Jr. , M.D.	Chance Coppola, D.O.	David H. Stubbs, M.D.
I. Eugene Peterson, M.D.		Stephanie Wadle-Wignall, M.D.
7	16	26
Joyce L. Christy, M.D.	Barbara A. Bellaire, M.D.	Prachi Singh, M.D.
James D. Kimball, M.D.	Tim J. Noonan, M.D.	
	Kenneth L. Pollack, M.D.	27
8	17	William Eischen, D.O.
Merle Diment, M.D.	Emily S. Gavin, M.D.	
Laura Gratton, D.O.		28
Arnis Grundberg, M.D.	18	Joseph F. Galles, Jr., M.D.
Todd W. Heilskov, M.D.	Matthew M. Otis, D.O.	Corrine M. Ganske, M.D.
Timothy G. Kenney, M.D.	Andrew Steffensmeier, M.D.	Elizabeth Jauron, M.D.
David K. Lemon, M.D.	Richard C. Wooters, M.D.	John S. Lozier, M.D.
Neil T. Mandsager, M.D.		
Tyler M. Schwiesow, M.D.	19	30
	Robert J. Callahan, M.D.	James J. Bergman, M.D.
	Jeffrey M. Maire, D.O.	Kristi L. Blomberg, M.D.
10		Stacey L. George, M.D.
Saramma J. Alexander, M.D.	20	Thomas Hansen, M.D.
	Donald Junge, D.O.	
11	21	31
Dennis L. Bussey, D.O.	Michael J. Finan, M.D.	Amber Fopma, D.O.
Jerusa Kamala, M.D.	Robert A. Lee, M.D.	Abbie D. Ruisch, D.O.
	Kenneth H. Moon, Jr.	Anson A. Yeager, M.D.

FEBRUARY BIRTHDAYS

2	14	24
Brent R. Thurness, M.D.	Bryon B. Augspurger, M.D.	Ravinder Kumar, M.D.
David K. Chew, M.D.	David R. Fisher, D.O.	Erik Bedia, M.D.
Ralph R. Pray, M.D.		Thomas C. Evans, M.D.
3	15	W. Ben Johnson, M.D.
Tiffany Ketcham, D.O.	BJ Jordison, D.O.	Mangil Seo, M.D.
	Nathan C. McKellar, D.O.	
	Mark E. Thoman, M.D.	
4	16	25
Matthew J. Carfrae, M.D.	Erik Swenson, M.D.	Stephen Nowak, D.O.
James L. Blessman, M.D.	Thomas W. Mouser, Jr., M.D.	Robert F. Schneider, M.D.
	Mary A. Radia, D.O.	Ruby C. Cureg, M.D.
5	17	26
Stephen A. Ash, M.D.	Cassie Littler, M.D.	Paul Grossmann, M.D.
Melita Schuster, D.O.	Ron J. Pick, D.O.	
Saima Z. Shahid, M.D.	Alan Koslow, M.D.	27
Robert S. Sieman, D.O.		Daniel P. Allen, M.D.
		David P. Wadle, D.O.
9	18	
Taylor Drake, D.O.	Craig Boyd Clark, D.O.	
Amy Lee Wallin, M.D.	Marvin M. Hurd, M.D.	
Lynn R. Smits, M.D.		
Kathleen R. Gannon, D.O.		
Dana L. Simon, M.D.	19	
James A. Wille, M.D.	Carlos Alarcon Schroder, M.D.	
	Heike I. Schmolck, M.D.	
10	20	
Steven G. Berry, M.D.	Candice R. Winful, M.D.	
	Wendy A. Waldman, M.D.	
11	Daniel R. Kollmorgen, M.D.	
Katie Burns, D.O.	Mark A. Tannenbaum, M.D.	
Kary R. Schulte, M.D.	Bradley D. Hammer, M.D.	
Phillip A. Linquist, D.O.	Stephen Stefan, M.D.	
	Jose' A. Olivencia, M.D.	
12	21	
Gregory Sachs, M.D.	Randy N. Maigaard, M.D.	
Nancy Johnson, D.O.	Bruce E. Kloster, M.D.	
Steven G. Berry, M.D.		
13	22	
Jason Kessler, M.D.	Joann A. Fouts, D.O.	
Barbara E. Evans, M.D.	Cary Murphy, M.D.	
	Alan Bollinger, D.O.	

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managing the cases starting day one and bringing them to closure. This new service provided by Iowa Ortho is a tremendous asset in medical management of work comp cases," states Marsha.

Kevin Ward, CEO of Iowa Ortho, is very pleased with the success of the new service, "Developing a dedicated orthopaedic Industrial Medicine program has proven to be an asset for industries in metro Des Moines. With the expansion of the Iowa Ortho state-of-the-art Center of Excellence that opened in late 2009, we have the ability to provide multiple services at one location. This is a tremendous

cost savings to the work comp industry by avoiding an emergency room visit and trips to multiple locations for examinations and diagnostic services, allowing the initial triage and diagnosis through Industrial Medicine. This new program has been well received by the employer industry within the metro Des Moines area."

It's not 1908 anymore...*Industrial Medicine welcome to 2010.*

The Gift of Giving

The holiday season is a perfect time to contribute to the Polk County Medical Society Kathie J. Lyman medical student scholarship fund.

Medical students from the **University of Iowa** and **Des Moines University** will benefit each year from your supporting medical education. Your year-end gift to the 501c3 Kathie J. Lyman Scholarship Foundation is tax deductible.

Merry Christmas
Happy Holidays
Happy New Year

From the
Polk County
Medical Society
Staff

Dee *Kathie* Niki *Jean*

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had babies with her, nor was the other moms. Must have been like hippo play date because they were all together. They kept quite an eye on us and we definitely kept our distance with them since more people are killed by hippos and elephants than any other animal in Africa.

Africa was indeed our greatest adventure for a number of reasons. We saw every animal you could think of and some we had never heard of. We saw lion prides kill water buffalo's and within 20 minutes they were all eating some 20 feet away from us and not bothered in the least that we were there. We saw hyenas chasing leopards and then the leopard circling back and chasing the hyenas. Elephants so numerous we finally quit taking their pictures. Interesting fact about African elephants, their ears are shaped like the continent of Africa. The only time Pat was frightened was when we were tracking lions by their roar and came upon them in the middle of our road. The lioness was roaring to let other lions know this was their territory and then the male lion roared. The MGM lion is not even remotely close to what this lion sounded like. Pat grabbed my arm and I still have the nail marks where she wouldn't let go. The lions were only some 20 feet away so it appeared that they could pounce that far if they wanted. Our guides assured us that since they had just eaten we would be ok. After hearing them roar, we now know why they are King of the jungle. We managed to track a gang of wild dogs, which were the mangiest looking things you have ever seen. They can walk for days and that's why they outlast their prey more than anything else. We saw thousands of impalas, not the car, and nyaleas which look like a cross between a deer and antelope. A cat named a Jenner that has a beautiful striped long tail and a face like a kitten. Giraffes bending to take a drink of

water were quite a sight to see. Crocodiles that looked like logs until you got close. We didn't. Water buffalos with birds and ducks on their backs all walking single file, very orderly. We were able to track rhino's on foot because if they heard our cars they would run away. Who knew they were such fraidy cats. They looked surprised just like Ace Ventura did in the movie. Ugly, gray and very large.

Our very last day on the way to the airport, we came upon a very large herd of elephants wanting to cross the road where we happened to be. The female gave us a look that said I am coming through ready or not and we moved to let them cross. Elephants are so destructive that rangers have started shooting them with birth control pills to try and limit the number of babies born. They encourage birth control for elephants but not people. When elephants are coming through the bush, a very strange phenomenon occurs with the Acacia Tree. Because the elephants like to eat the bark of the tree, when they start to come through, the Acacia sends out a special odor which elephants find not good. So the elephants leave and somehow the tree warns the other trees of the elephants coming and they do the same thing. Scientists have yet to discover how they are able to do this but they do. Elephants have the right of way in Africa and after seeing what they are capable of, we let them have it.

For someone who gets anxious after being gone for just a week, I can honestly say this vacation was one I hated to leave and come back to work after two weeks. Pat and I will always be grateful to Kathleen Stahl for giving us the vacation of a lifetime. We now understand the natives note to England. Anyone who has been there, leaves their hearts as well.



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