

Bulletin

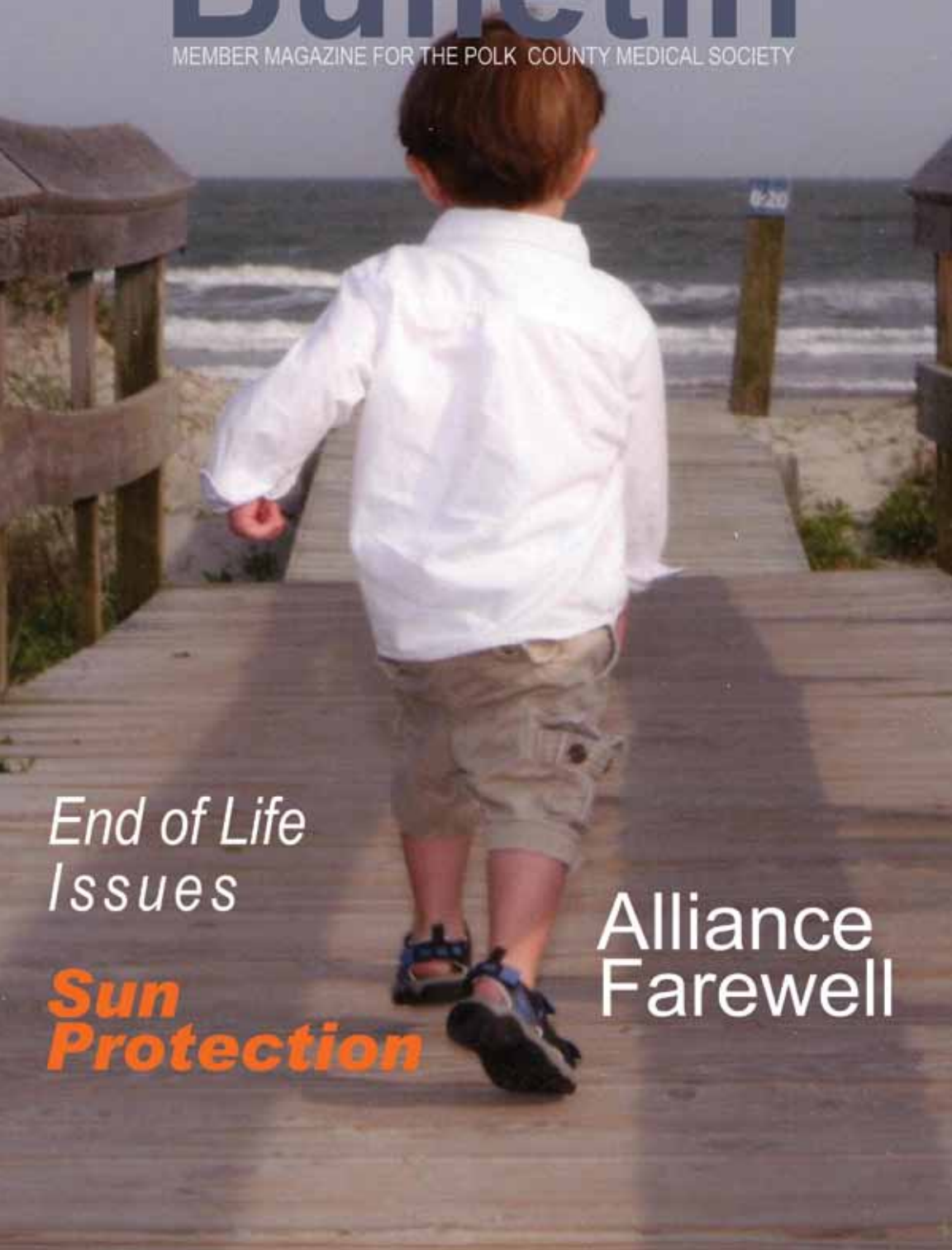
JUL/AUG 2010

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

*End of Life
Issues*

**Sun
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Medical Society*

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Des Moines, Iowa
July/August 2010

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Bulletin

JUL/AUG 2010

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

Inside This Issue

Feature Articles

Letter to the Editor	6
Summer Sun Protection, Timothy Abrahamson, M.D.	11
Alliance Farewell, Barbara Bell, Past President	14
Summer 2010 & Protection, Steve Harlan, M.D.	18

Monthly Articles

President's Message	4
Executive Director's Message	5
VPN	9
Doctors in the News	12
September Birthdays	21
October Birthdays	24

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“Pulling the plug” on Grandma?



Janie C. Hendricks, D.O.

Who among us does not remember the havoc unleashed by this remark early in health care reform discussions? The emotional and financial costs of medical treatment late in life are astounding.

Let's first consider the emotional costs. A recent study in the *New England Journal of Medicine* documents the physical and emotional stress of unnecessary tests and procedures in the final months of a patient's life. As one of my nurses once told me, "There are worse things than dying and I have done a lot of them to patients."

Secondly, the dollar amounts spent at the end of life are staggering. The Center for Medicare and Medicaid Services estimates that 5% of their recipients who die each year cost \$135 billion, or nearly 1/3 of their budget. An estimated 80% of this is spent in the last month of life in futile attempts to prolong life.

One might suggest that "pulling the plug on Grandma" is not always inappropriate. Perhaps we should look at not starting Grandma down

the path of inappropriate life-sustaining treatment in the first place. What can we do to change our healthcare focus?

We are not talking about "death panels" or "rationing" of healthcare. This is a discussion of allowing patients to die with dignity and comfort. The palliative care nurses and doctors are very good at helping families to make decisions based on what is best for their loved ones. None of us are ready to see our parents or siblings die, but sometimes we get so involved in our own feelings that we do not see the suffering of our loved ones.

We, as physicians, need to do a better job of discussing end-of-life issues with our patients. When I was in residency, we received very little training in how to manage these discussions. Most of us tend to avoid discussions of death. After all, we became physicians to save lives, and death is looked at as a failure. If we can take a more proactive role in managing end of life issues, both physicians and families will be able to make more prudent, rational decisions if a crisis occurs. Death is inevitable for all of us; we just need to be able to understand when to move on to comfort care rather than unnecessary diagnostic tests and interventions.

“ Social Media ”

Communication - A Lost Art?



Kathie J. Lyman

I know the age of electronics moves at the speed of light, and with this phenomenon we are now experiencing the world of social media. I'm not sure

it really is social since most of the people I recently interviewed for a position didn't know how to effectively communicate in person.

I have worked for years and have been able to talk face to face, look someone in the eyes, shake hands, and know I could trust the word of that person. Hearing the tone of a person's voice sometimes tells you a lot about them, which has actually served me very well. I know today this seems to be an old fashion way of setting up meetings, talking business, etc. but it does work and has for generations. It is just more personal. No, I didn't know when someone went to sleep, the store, or played with their children or grandchildren, etc., but did I really need to know their status updates daily and sometimes instantly?

No matter where you are in the world whether conducting business, attending meetings, traveling for a vacation, you hear people using

a Bluetooth who look like they're talking to themselves on the plane prior to takeoff. They carry on conversations while you're forced to hear their thoughts, or they're communicating on Facebook, Blackberry, or twitter, isolating themselves from everyone around them. Is this really better? What about privacy and the security risk, is this really the right way to conduct crucial conversations? Where is the person to person conversations needed in business, bouncing ideas off of one another, working together towards a common goal? How was I able to work with medical staff, set up and conduct CME meetings with doctors from around the world, work with residency and medical school programs, and advocate at city, state, and congressional levels efficiently and effectively, all without a Blackberry or cell phone? Amazing!

I like to think of myself as progressive, so as friends and relatives asked me to be "Facebook friends", I decided I better get with it, and signed up. Initially I didn't realize that I would learn details of their thoughts and moves in nanoseconds. Who has this kind of time? Twitter, well I thought since it only had 149 characters of space I could also do that too, why not! Doesn't that sound even more efficient?

continued on page 6

continued from page 5

With all this technology at my fingertips to communicate, my phone was ringing or beeping non-stop, my computer emails constant, and if I answered my phone when it rang, or viewed all the messages, I would never get anything else done. I opened myself up to a technology quagmire.

Yes, I believe there are great benefits from advanced technology. I am all for them. I know we are a very mobile society and multi-tasking with technology has become an essential part of life. Millions of people as you read this are on Facebook, Twitter, computers, cell phones, etc. instead of talking with one another. But, the bottom line is we are human. This type of technology is so impersonal. No man is an island, and yet I watch people spend so much time on their cell phone, Blackberry, texting

on Facebook, that they miss talking with the people next to them. With their head constantly in the technology world they miss life as it is happening around them. Humans still need to talk with one another. Conversations over dinner, with our children, family and friends, at work, and in our daily lives, is still essential to our well being.

Communicating effectively is an important learned skill. We can make it without a Blackberry or cell phone in our hand 24-7 if we actually talk with one another. And, while our children are learning the latest in technology, I hope they are also learning the importance of being able to articulate with one another so that in the future verbal communication does not become a lost art!

LETTER TO THE EDITOR

Dear Editor,

Thank you very much for the kind article in your May/June issue. It was entirely too kind, but I sincerely appreciate the effort to highlight volunteerism in the medical community. Working together for the common good, both in and outside of the medical community, is a must! Efforts from both individuals and organizations to improve our community are equally important.

I do feel the need to say thank you to one of the major sponsors of Bras for the Cause, and that is Bank of the West. (It was incorrectly listed as West Bank in the article.) Bank of the West was an initial major sponsor, our banking partner, and the presenting sponsor for 2010.

My sincere thanks for your kind article and for allowing me to thank Bank of the West for all they do.

Christi Taylor, M.D.
Internal Medicine, The Iowa Clinic



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Thank You

to the Polk County Medical Society physicians who have provided free care this year to the needy through the PCMS/VPN.

Through your charitable care through the Volunteer Physician Network, patients in need, especially the children in our community, would not have been cared for. These patients thank the dedicated physicians, health care professionals, hospitals and clinics for providing free specialty care.

Without your commitment and generosity the estimated \$3 million you have donated in medical care in the last year would not have been a reality for those in need.

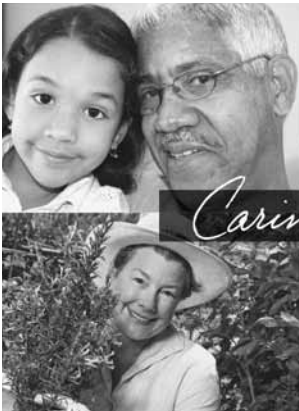
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“Summer Sun”

Protection



By Timothy Abrahamson, M.D.

It is important to protect your skin and eyes from the damaging effects of the sun. Ultraviolet exposure causes cellular mutations,

local immunosuppression, and free oxygen generation. A majority of “aging” changes to the skin including textural changes, “age spots,” loss of elastic tissues, and wrinkling are actually UV damage. Also, many skin cancer risks are related to sunburn and total UV exposure. The United States Department of Health and Human Services and (WHO) the International Agency of Research on Cancer panel has declared UV radiation from the sun and artificial light sources, such as tanning beds and sun lamps, as a known carcinogen. In fact, 1 in 5 Americans will have at least one skin cancer and 1 in 60 will have melanoma.

1) Wear tightly-woven covering clothing. Long sleeves, long trousers, long skirts should be worn. Newer products such as “Sun Guard” by the Rit dye company can also be used to

increase the sun protection of clothing for a season. **Clothing is always better than sunscreen where possible**.

- 2) Wear a broad-brimmed hat and sunglasses.
- 3) Keep in the shade to minimize sun exposure.



4) Apply a sunblock to all uncovered skin before you go out. Choose a Sun Protection Factor greater than (SPF) 85+ and > 4 star UVA protection. The sunscreen should protect against both UVB and UVA - (parsol 1789

continued on page 23



Congratulations to **José Angel, M.D.**, who received the "*Iowa Medical Society's 2010 Merit Award*" for his outstanding contributions to the medical profession.



Congratulations to **Richard Demming, M.D.**, who was featured on the cover of the *Business Record*. Dr. Demming will join the NCI Community Cancer Center Program (NCCCP) to participate in the emerging new study known as biospecimen research extending treatment to underserved individuals.



Congratulations to **David Drake, D.O.** *new member of the Executive Council of the Iowa Psychiatric Society, and chair of the Ethics Committee*. He previously has served on the board and was editor of the newsletter.



Congratulations to **Jan Franko, M.D.**, who was featured in the *Des Moines Register* on July 4th in the article "*Risky Cases Are His Specialty*" for his skills and expertise as a surgical oncologist at Mercy Medical Center.



Congratulations to **Rebecca Shaw, M.D.** who was featured in the Des Moines Register on June 14th "*Garden Party helps homeless*" hosting that event at their home. She and Robert were also featured in the Des Moines Register on June 16th for their participation in the annual Polk County Master Gardeners' garden tour.



Congratulations to **Donny Suh, M.D.**, who was featured in the INclusion – Greater Des Moines Diversity Magazine in the article "*Medical Mission*" for his work around the world to correct eye disorders.



Congratulations to **Christina Taylor, M.D.**, who was featured recently in the Business Record on June 21st with the "*2010 graduating class of West Des Moines Leadership Academy*."

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“ THE ELEPHANT ” IN THE ROOM

By Barbara Bell, Past President



PCMS and PCMSA at Washington D.C. Fly-in 1990. L-R: Martha Holzworth, Jeffrey Stahl, M.D., Kathie Lyman, Senator Charles Grassley, James Bell, M.D., Barbara Bell, and Kathleen Stahl.

The Polk County Medical Society Auxiliary organized in 1929 was a social organization for the PCMS physicians' wives. Over time we became a health related professional organization offering programs and projects reflecting the changing times to meet the varied needs of our members and the community.

PCMSA evolved into an organization with a rich history and an aggressive agenda. It

became time and energy efficient where a volunteer investment was made which had a positive effect on the quality of life in Polk/ Warren Counties and as a by-product, produced national award winning results. In April of 1993, we officially changed our name to the PCMS Alliance.

In the 1930's activities were primarily afternoon teas, travel, talks, and musical programs, with



PCMSA Alliance provides funding for Walnut Hill Doctors Office and Carriage House at Living History Farms.

white gloves and hats. With Doctors' Day began in 1935 and we began to publicly honor all physicians in Polk/Warren Counties.

The 1940's we sewed hospital operating gowns during WWII, serving as USO hostesses, Red Cross workers, and sponsoring the Campfire Girls' Bandage Reclamation project. The Auxiliary assisted in the vaccination of over 10,000 Polk County school children against polio.

The 1950's included promoting health education by developing Future Nurses Clubs in Polk County schools. The annual Health Service Award was established, as was the annual Legislative brunch for Legislators' wives. A highly acclaimed Vision Screening program was also implemented in preschools in coalition with the Iowa Society for the Prevention of Blindness.

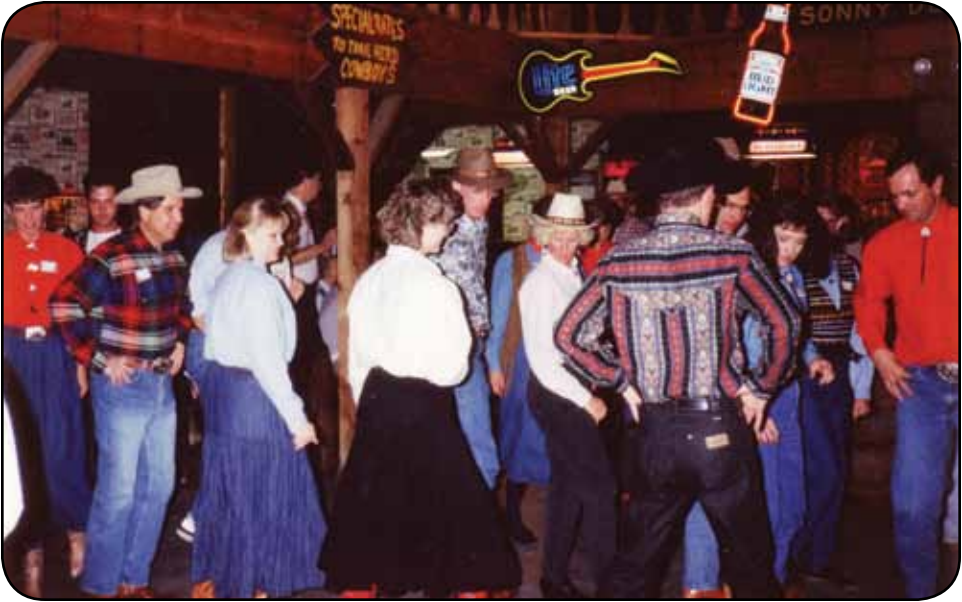
The 1960's saw the beginning of the annual Holiday Greeting Card Project designed to benefit the (American Medical Association Education and Research Foundation) to provide funds for medical schools in Iowa and medical student loans.

The 1970's provided a life-size Transparent Anatomical Mannequin (TAM), audio visual equipment and a Heart Monitor for the Des Moines Science Center. An annual Health Fair was organized to provide thousands of screening tests for the public.

The 1980's provided the funds for the Walnut Hill Doctor's Office and Carriage House at Living History Farms, a Medicinal Garden at the Botanical Center. We initiated the nationally acclaimed and replicated Legislative Mini-Internship Program.

continued on page 16

continued from page 15



PCMSA members enjoy a Western Night BBQ at the Iowa State Fairgrounds.

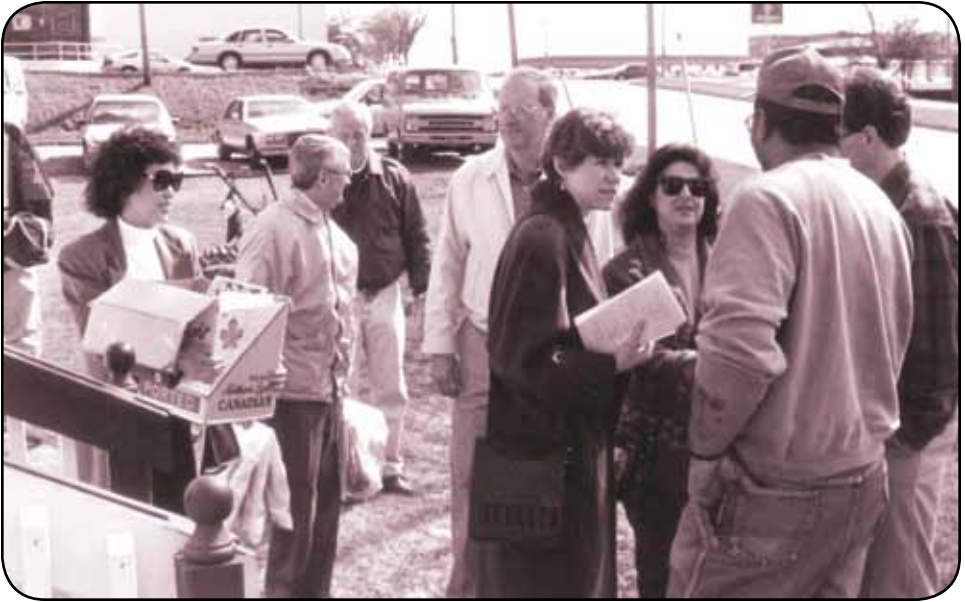
The 1990's the PCMS initiated an annual Washington D.C. Legislative Fly-In with PCMSA participation. We furnished and equipped the Art Therapy Center for abused children of Children and Families of Iowa. In support of national SAVE Day (Stop America's Violence Everywhere) we put "I Can Choose" books teaching conflict resolution in K-3rd grades in all Polk County Schools. We donated approximately 100 "Baby Think It Over" dolls in junior high schools to help reduce teen pregnancy. Together with the PCMS we wrote and published over 30,000 copies of "The Healing Path: A Guide to Surviving Domestic Violence" and distributed them to Doctor's offices, E.R.'s, sheriff, health, and police departments; judges' and Congressional offices in Polk County and across Iowa. We subsequently published the booklet in Spanish.

In 2000 at the turn of the century we began distribution of Careline Cards (wallet sized laminated cards with telephone emergency

numbers) to over 5,000 7th graders annually in Polk County. We delivered "Not Even for a Minute" brochures to all maternity wards in Polk County warning of the dangers of leaving children alone in cars. We supported the WorldScopes Program which gathered and distributed new and used stethoscopes which were donated to third world countries in need. Health Literacy became a main focus training members to present programs to medical groups and organizations on Health Literacy. We instituted the program "Faux Paw" which teaches children in grades 1 through 4 the rules of internet safety. We have raised between \$3,000 and \$5,000 annually to fund our grant program to health related charitable organizations.

So....where does that leave us today in 2010?

Our membership is declining and we can't find officers. We have come to a point in time when there really is an elephant in the room.



March 31, 1994 PCMS and PCMSA provide hygienic supplies to homeless throughout city for Doctor's Day.

Membership in the Alliance across the country has dramatically dropped for many years. Ten years ago, PCMSA had over 400 members. Today we stand at 110 members.

The Alliance leadership has consisted of 90% of past presidents on the Board. 2 years ago we reorganized to a Leadership Council. With no prospects for leadership in 2010 the Board recommended a radical change to "Inactive." We later learned by legal and tax counsel that this was not a viable option. Therefore, it was finally determined that the official status of the Polk County Medical Society Alliance would dissolve effective May 31, 2010.

The Board of Directors has unanimously voted to retire our funds to the Community Foundation of Greater Des Moines with a PCMSA fund. By donating to this charitable trust it will allow the Alliance a continued presence in our community.

Although we will no longer be here in body, we can continue to serve and benefit the community in the spirit of the Alliance which will establish and secure our legacy.

A Final Thank You to the PCMS Alliance

After 81 years of service to the Polk County Medical Society physicians and the community, the Polk County Medical Society members wish to thank the Alliance for all their years of giving of their time and talents to make this a better medical community.

“Summer 2010” and Protection



By Steve Harlan, M.D.

Its summertime and we are well into the important discussions of sunscreens and sun safety. What we say about sunscreen products changes

a little almost every year. The medical world was somewhat startled by the May 2010 announcement from Environmental Work Group (EWG) that in their opinion only 39 of 500 available sunscreen preparations were safe! We should take this with a grain of salt, as EWG is known for classifying any product with *fragrance* “a HIGH risk for health.”

Evidence has come to light that the addition of antioxidant retinyl palmitate, routinely placed in thousands of skin care products by manufacturers, is carcinogenic to lab mice skin after breakdown by UV light. EWG also claims the FDA has known this for years and buried the information. EWG has labeled “unsafe” any sunscreen with retinyl palmitate, and any sunscreen containing the UVA blocker oxybenzone. Oxybenzone is described as having the potential to be stored in tissues and to interfere with hormone metabolism.

Unfortunately, oxybenzone is the most powerful and cheap of the few ingredients the FDA has approved to block long wave UVA radiation. It also contributes to eye irritation and allergic reactions.

Cheap sunscreens with no UVA blocking have contributed to the rise in melanoma incidence in my opinion. Sunscreens are important, but they probably have contributed to the epidemic of melanoma by allowing fair skinned people to spend ridiculous amounts of time in the direct sun without clothing protection. Blocking only the burning UVB rays and removing common sense, they allow people to receive dangerous amounts of UVA damage to skin melanocytes. Individuals with lots of pheomelanin (red hair and freckles) receive the most free radical damage to their melanocytes.

But this is America and we don’t look for causes of epidemics, we treat the symptoms. We worry more about profits and lawyers, and we certainly don’t discuss personal responsibility and common sense as it could look like we’re raising instead of lowering standards.

Product-wise there are five other ingredients approved for blocking longer UVA wavelengths.



Avobenzone, aka Parsol 1789 is inexpensive, very safe, but a slightly weaker UVA blocker than oxybenzone. Meradimate is safe, but weaker yet. Newly approved UVA blocker Mexoryl is only available in a L'Oreal product priced at \$35 for 2 oz. The other two UVA blocking ingredients are zinc oxide and titanium dioxide, the physical sunscreen blockers. Considered "safest" they tend to look pasty in amounts above 2%, and unfortunately, it requires 10% to 20% preparations of zinc or titanium to achieve over SPF 10. These may wash off more easily too.

Regarding the sun protection factor SPF, this number only pertains to the UVB blockers in the product preventing redness and pain, and hopefully reducing incidences of basal and squamous cell cancers. UVB blockers do not adequately prevent sun damage, or melanomas, and may have contributed to some melanomas by facilitating fair-skinned people spending huge amounts of time in the sun. Many dermatologists, including me recommend an SPF 30 that includes a good

quantity of UVA blockers. Since people often don't apply sunscreens early enough, thick enough, and evenly enough, SPF 30 often provides some extra safety over an SPF 15. A properly applied SPF 15 is excellent when used with common sense, clothing and shade. Bullfrog® Ultimate Sheer Protection SPF 30, or Coppertone® Sport SPF 15, or Vanicream® Sport SPF 35 (all three oxybenzone and retinyl palmitate free) may be the most ideal recommendations for 2010.

Melanoma is just one of four epidemics we under-research for causes. We could do more studies to determine if the retinyl palmitate in myriads of skin products may have contributed to the epidemic of melanoma seen since the 1970s... but I can almost promise you we won't. Remember, it's America. Most all research interest here is based on the idea of making money and/or preserving someone's money.

Make it a good summer....stay informed, stay smart and stay protected.

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continued from page 11

(avobenzone), Mexoryl SX (ecamsule), titanium dioxide, zinc oxide are good UVA blockers).

The FDA claims plans to release guidelines on UVA protection in 2010 (there are currently NO consumer guidelines on UVA despite being available in Europe for years). SPF only measures UVB protection NOT UVA. The FDA may also approve 4 additional sunscreen ingredients this year for use in sunscreens. Products marked water resistant are less likely to come off with swimming. Re-apply sunscreen every 2-3 hours. Even those sunscreens promoting all day protection should be reapplied after

swimming or if rubbed off by clothing or a towel. Alcohol-based sprays, lotions, or gels are better for oily or hairy skin. Creams are suitable for dry skin, and milky lotions are the easiest to apply. Special sunscreen sticks, gels, or NOTEAR formulations are often preferred for areas of the nose, lips and around the eyes. Men also tend to prefer sticks or gels or sprays.

- **Moisturizing Sunscreen:** Neutrogena Healthy Skin®, Banana Boat Cream®, Oil of Olay Complete Defense®, Purpose Sunscreen®, Vanicream Sunscreen®

- **Less Greasy Sunscreen:** Neutrogena UltraSheer 85®, Aveno 50®, Coppertone 85®, Banana Boat 85®

- **No Tears Sunscreen:** Banana Boat "No Tears" For Kids®, Neutrogena Sensitive Skin®, Vanicream Sensitive Skin®

Some people find sunscreens irritating. This is often from sensitive skin, but at the other times because of allergic reaction to one of its components - this may be a fragrance, a preservative, or a sunscreen chemical. The cause can be difficult to work out. If you have sensitive skin, a physical blocker such as titanium dioxide or zinc oxide is recommended: Blue Lizard-Baby®, Neutrogena Sensitive Skin®, Bullfrog Zinc Oxide®, Vanicream Zinc Oxide®.

Arguments for UVB sun exposure as a source of Vitamin D are very weak. Oral supplements



continued on page 26

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continued from page 23

are more likely to reach above “insufficiency” levels. While deficiency levels of Vitamin D have been well established since the 1960s 15–20 ng/ml 25(OH)D, there is still marked debate of what will eventually be the true “insufficiency” level and this may even vary based on age. There is currently no direct evidence that having “sufficient” blood levels of the inactive form of Vitamin D (25(OH)D has health benefits. For example, some researches suggest 30ng/ml while some researchers advocate 60 - 120 ng/ml. These levels are completely arbitrary. Women over 50 also need to consider calcium in conjunction with Vitamin D. Vitamin D alone has not been shown to reduce fractures. Osteoporosis could actually be worsened if an individual was taking high levels of Vitamin D but low in calcium intake. If no contraindications, taking 1000 -2000 IU Vitamin D per day is a reasonable way to increase vitamin D levels if you want to try to get to “sufficient” levels.

Additional references materials are shown below.

Vit D Info:

Binkley N, Novotny R, Krueger D, et al. Low vitamin D status despite abundant sun exposure. *J Clin Endocrinol Metab* 92(6):2130-5 (2007 Jun).
www.massacademyofdermatology.org/Presentations/Vit%20D%20pseudo%20controversy.pdf

http://www.aad.org/media/background/factsheets/fact_vitaminD.htm
http://www.aad.org/forms/policies/Uploads/PS/AAD_PS_Vitamin_D.pdf

General Sun protection sites:

www.sunsmart.com.au,
www.skincancer.com,
www.aad.org,
www.epa.gov/sunwise/,
<http://kidsskinhealth.org>

UPF Clothing:

www.coolibar.com,
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www.spfstore.com,
www.sunbusterkids.com,
www.sunguardsunprotection.com,
www.landsend.com

Skin Cancer Sites:

www.skincancer.org,
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www.nlm.nih.gov/medlineplus/skincancer.html,
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