Life in These Parts
Hawaii's Top Doctors
(Honolulu Magazine April Issue) Quotes Therefrom

"HMA president Len Howard said, 'We wish that lists such as these weren't published at all...Unless there is something we don't know about the methodology, we don't think it represents. What readers, including the HMA, want to know is how the doctors make the list...and why some very good doctors may not be listed.'" (Len complained that Woodward/White did not poll all the doctors in Hawaii...). Apparently Woodward/White starts by polling top medical centers nationwide, asking doctors at those institutions to name the top physicians there, in order to get a seed list. These doctors are then asked to name the best doctors in their respective specialties. The doctors on the longer list are asked, 'If a friend or loved one needed a doctor in your specialty and you couldn't treat them yourself, to whom would you refer them?' And doctors who earned the most support from their fellow doctors made the list... (Len Howard asked suspiciously, 'Do people get on the list if they buy an ad?')

What follows is a list of 167 Hawaii physicians, about 2% of the doctors in the state. Because of the referral method employed, the list is admittedly biased toward physicians at larger teaching hospitals and those specialists who see a large number of complex cases."

(P.S. We agree with Len Howard...We don’t think the list is representative of the true quality of physicians in Hawaii...With our apologies to those listed, of course...)

Assisted Suicide
Source NEJM (3,102 doctors in 10 specialties surveyed)

36% would write prescriptions for lethal dose of medication, if legal.
11% would write prescriptions under current legal constraints.
18% have received requests for assistance.
3.3% have written prescriptions for lethal dose of medication.
24% would give lethal injection if legal.
7% would give lethal injection under current legal constraints.
11% have received a request for lethal injection.
4.7% have given lethal injections.

Robert Mayer, president of the American Society of Clinical Oncologists urged that physicians be well trained in end-of-life care, "not just know how one alleviates pain, but how one talks to family members."

Letters to the Editor
(Star-Bulletin, March 23, 1998)

"Damn all legislators who, for the hopeless, have failed to open the path for induced sleep, to eternal rest in peace—Damn all legislators who condone the forced nourishment of the spiritually
dead, those pathetic, mindless creatures, helpless with senile dementia.
When age brings death of the mind, death of the body will soon follow naturally, if there are no administrations by others.
To avoid that extension of misery, society should make euthanasia a legal, optional civil service that is mandatory when competent decision is unavailable.
That may be playing God, but it is humane and better than delaying body death, often for years, with cruel tube feeding, etc..."

Paul Gebauer (Retired thoracic surgeon)

Medical Tidbits

(Dr Fitness; by Chet Nierenberg)
Ddx: Sprain and Strain:
Strain = injuries to muscle and sometimes connective tissue.
Sprain = injuries to ligament.

First degree:
Mild stretching of interstitial fibers; Rx: elastic wrap, ice, anti-inflammatory agents.

Second degree:
Partial tear of muscle or ligament. Sy's: swelling, pain, stiffness and ecchymosis (2 or 3 days later) Rx: cast, brace, PT (6 wks to 6 mos)

Third degree:
Complete rupture of muscle or ligament. Rx: Surgery followed by brace and PT (1 yr for full function)

Potpourri

Inconceivable
Joe is a precocious 7-year-old boy conceived by artificial insemination. His father had a son, Andy, from a previous marriage but a subsequent vasectomy had rendered him infertile.
His mother and I were attempting to explain to Joe the intricacies of AI, and how the doctor had obtained the sperm from a donor who resembled him.
After his mother had done mental gymnastics reassuring him that he was very wanted, Joe looked up and asked, "How come they had to use another man's sperm? Did Daddy use it all up on Andy?"

(Thomas Barnett in Stitches, March 1998)

That Pesky Prostate

I had just finished taking Mr Jones' blood pressure when he asked if I would have time to check his prostate. He'd been hearing a lot about prostate cancer on the radio and at age 42 felt he should have it checked.
I agreed and pulled a glove out of the drawer and began to put it on. As I looked back at him I could see a stricken look on his face.
"What are you doing?" he asked.
"Well, I'm getting ready to examine your prostate," I said.
"Don't you just need to use a light?"
"No, I use my finger to feel the gland," I explained.
"Isn't the prostate gland right here?" he asked, pointing at the base of his throat.
"No, it's actually at the other end" I said.

With no further ado, he bolted from my examining room, never to be seen again!

Dr Teresa Cordoni in Stitches, Feb 1998

Conference Notes

"Aggressive Medical Rx of Hyperlipidemia"
(John S. Schroeder MD, Prof. of Medicine, Stanford Medical School; Hawaii Lipid Symposium 1998; Sat., May 2, 1998; Hilton Hawaiian Village)

A. Epidemic of CAD in USA

Begin in childhood...Doesn't occur in countries with low fat diet, e.g. Asian countries.
(Dietary saturated fat raises serum cholesterol).
Stanford 25 mg Plan:

• Less dairy fat
• Less meat fat
• Limit hidden sources of saturated fat

B. Lipid Lowering Trials

4S:
• 30% reduction in overall mortality
• Lowers CVA mortality
• Reduces PTCA & CABG

CARE: (Post MI pts)

• LDL-C <100: 24% reduction CVA; 27% reduction CAGB & PTCA

WOCSPS: 22% reduction total mortality (Pravastatin)

Lovastatin Trial: 36% reduction major event;
† coronary revascularization; reduction of first acute major coronary event.

C. Medical Rx of CAD

• Start statin on Day 2; LDL lowering improves endothelial function; restores EDRF; lowers monocyte adhesion; † vasodilation; stabilizes plaque.

D. Update on LDL Rx (Secondary Prevention)

Rx all pts
• Start statin immediately upon dx
• Give statin as evening dose
• Increase dose q monthly;
• Couples with < 25 gm Saturated Fat & > 25 gm fiber diet

*Ideal Levels: TC 150 - 160; LDL 60 - 80

E. Statin Drugs

re Statin Side Effects:
• Check liver enzymes during 1st year
• Don't stop Statin even with † LFT's;
• Myositis: rare; "I don't check CPK"

F. Primary Prevention

• Treat most diabetics and hypertensives.
• Premenopausal women have high HDL and are protected...but screen and educate even premenopausal women
• Unstable angina pt: Tell family to come in fasting next day and take their lipid profiles...

G. Current Recommendations

• Diet:
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- Geriatrics
- Chronic Lung Disease
- Cancer

ECONOMIC RESOURCES
- Influencing Health Behavior (Physician/Patient)
- Do Wellness Programs Cut Health Care Costs?
- Community Resources
- Is Prevention and Screening Worthwhile? Who Should Pay the Bill?
- Panel Discussion - Recommendations for Health Care

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25 gms sat fat for 1st prevention
15 - 20 gms sat fat for 2nd prevention

- Target Levels: Use statin drugs to achieve lipid levels: ↑ dose q.4 - 6 wks pm

1st
TC 200 160
LDL 100 80

- Antioxidants:
  Vit E 400 IU
  Vit C 500 mg
- HRT for post menopausal women:
  Estrogens 0.625 mg; Progesterin 2.5 mg
- ETOH 1-2/d
- Exercise 30 min every day
- Once-a-day CA blocker for angina
- Once-a-day CA blockers or ACE inhibitors for hypertension
- New: enteric coated 81 mg ASA

H. Schroeder Recommends:
- Screen lipids: both men and women q 5 years
- Educate the food buyer re saturated fat
- I don’t treat with “statin” before age 18
- Primary Prevention: Treat every single diabetic and hypertensive
- Men with positive family hx should be treated

**Charlie**
*(He was a kindly doctor with a short fuse)*

Excerpts therefrom

On one particular day, an aged farmer and his pale wife were shown into Charlie’s impressive office, and sat down. After finishing his notes on the previous case, Charlie looked up. “What’s the problem?” he asked. The farmer shifted in his seat and replied, “She’s old and tired and low, Doc.”

Then followed one of those interchanges in which the farmer, although trying his best, couldn’t give the correct answer.

“What is she complaining of?”
“Nothing, Doc, she’s not one to complain.”
“Well, what brought you here?”
“We came on the bus.”
“But what’s wrong with her?”
“That’s what we’ve come to find out.”
“Does she have any pain?”
“Yes.”
“Where?”
Everywhere.
“When?”
All the time.

After 30 minutes of completely non-productive history taking, Charlie was ready to blow. He began to go red in the face. His jaw muscles tightened, his hands started a fine tremor. He put down his pen, and in a grim voice he started, “Is there anything wrong with her forehead? With her eyes? Is there anything wrong with her nose? Her lips, her mouth? And so he moved down the body, item by item. The farmer replying in the negative to each question. When the negatives were complete, Charlie picked up his pen and wrote, “History—Negative” He then examined the patient. After a careful exam and blood work, Charlie knew he was beaten. When the farmer and his wife were sitting back in front of him again, he picked up his pen and wrote: “diagnosis—Old and tired and low.”

by Dr John Cocker, publisher of Stitches

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**Classified Notices**

**To place a classified notice:**
HMA members.—Please send a signed and typewritten ad to the HMA office. As a benefit of membership, HMA members may place a complimentary one-time classified ad in HMA Journal as space is available.

Nonmembers.—Please call 536-7702 for a nonmember form. Rates are $1.50 per word with a minimum of 20 words or $30. Not commissionable. Payment must accompany written order.

**Misc.**

Mask & Glove Relief.—Sensitivity barrier gel reduces irritation from latex, nitrite, polyethylene face masks & gloves. Free evaluation sample to USA physicians (1 per order). Sahara Cosmetics Oahu 808-735-8081, USA toll free 1-877-280-2020, record complete delivery address.

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Moving to New Office - Medical Equipment For Sale.—3 exams tables (various sizes), stainless steel Mayo stands and trash cans, exam lights, wheeled stools, x-ray filing system (floor to ceiling, book shell size), metal desk, and other equipment. Call Miche 536-0139 or Alma at 523-9922.


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