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NEWS Letter

NEW MEXICO MEDICAL SOCIETY • 211 First National Bank • Albuquerque, New Mexico

DECEMBER 8, 1964

ADDRESS OF PRESIDENT
HOUSE OF DELEGATES, N.M.M.S.
November 20, 1964

Since that black Tuesday, November 3, I feel at this moment like the tramp on the gallows about to be hanged. When asked if he had anything to confide, he stated, "I have nothing to say at this time".

At the outset I would like to pay tribute to a fellow-member for the energetic, inventive, well-reasoned political campaign he waged. No one will know how much time and talent he expended and the considerable personal financial sacrifice it demanded. When at times his opponent appeared to be running against the medical profession Jack Redman represented us in the best possible light. The Medical Society will never forget his gallant effort.

Since we met last two vexing problems have been settled. We now have a physician to head the Health Department, well-trained in Public Health - Dr. Edwin Wicks. He seeks our cooperation and it shall be cheerfully given. The Hagerman site will be developed as an annex of Los Lunas Training School and a long range plan has been devised for the efficient care of tuberculous patients now housed at Fort Stanton. For this we have to thank Governor Campbell who appointed a knowledgeable Committee to study the problem and then took their advice, and Drs. Fitz and Bunch for ably serving on this Committee.

There are several matters of importance, present and potential, offered for your consideration at this Session. We have several requests for money for worthy projects which we have to balance against our financial capabilities. We do have a comfortable reserve in our treasury. I would like to single out the request from the Auxiliary for favorable consideration. I believe a two year trial will revivify this organization and permit it to reach its potential as a valuable public relations adjunct to our organization.

Discussed in the report of the Liaison Committee With the Medical School is a matter which has provoked a few fireworks in the State. I wish to say I believe the General Practitioner is the backbone of our profession. Although the physician most sought after by the public, his numbers are declining. Every encouragement should be given to efforts directed toward replenishing the supply. The General Practitioners should be made aware of the sympathetic attitude of our Medical School Faculty and their genuine desire to include the field of General Practice in the curriculum. Dr. Fitz has

appointed a Committee of General Practitioners and Faculty representatives which I have every hope to believe will reach a satisfactory modus vivendi.

As you know we have been dealing with the Department of Public Welfare regarding its current fee schedule, energetically working to carry out your directive it be revised to equal Schedule 4 of Blue Shield. The background has been supplied in the report of Dr. Ziegler's Liaison Committee. A letter has been sent to Governor Campbell with a copy to all members of the Department of Public Welfare Board. I have it on good authority the Department is requesting an appropriation from the Legislature which will include funds permitting them to offer a fee schedule which is 50% of Schedule 4. By my fuzzy arithmetic this means the DPW Schedule will be raised from 25% of the average fee to 37%. Consider whether you regard this as satisfactory or whether we continue our efforts to achieve parity with Schedule 4.

In the report of the Legislative and Public Policy Committee you are being asked to consider a plan for implementing the Kerr-Mills law which has been submitted by the Department of Public Welfare. I caution you to examine this carefully in light of these facts. There are some 30,000 elderly in this State in modest financial circumstances able to afford the every day cost of living but probably unable to afford the \$75 to \$120 annually a realistic hospitalization insurance policy costs. When a major illness comes along they may be broken financially and forced to go on relief. The Kerr-Mills law will pay their hospital costs in full and drug costs in full after a \$10 initial deductible. So far so good. Now consider this, reaffirmed in the plan offered by the Department of Public Welfare is that all fees for medical care services are to be set by the DPW. No mention is made that this should be with the agreement of either the hospitals or pharmacists. The DPW plan is so worded that physicians' services can readily be added if the Department so chooses and the same prerogative of the DPW to set fees would apply. Another item in the plan concerns over-utilization. Decision as to whether a physician is guilty of this and the penalty imposed rests solely with the DPW. Let us look ahead. No crystal ball is needed to know the upcoming Congress will pass some version of the King-Anderson bill. If it does not include physicians' services it probably will soon. Fifty-three thousand elderly, rich and poor, will then have their health care administered in this

State by the DPW and presumably according to the plan we have just discussed. Do you wish to endorse this plan and thereby bind the members of our Society to its provisions? Or do you wish to file this plan as information which has no binding power? Or do you wish to endorse the plan provided that first - decision regarding possible over-utilization be made jointly by the DPW and a representative designated by the Medical Society and second - that fees be set by the DPW only with the agreement of representatives designated by the hospital and pharmaceutical associations and that if in the future physicians' services be added to the program their fees be set only by joint agreement of the DPW and the State Medical Society. This is your decision to make at this meeting.

The Medical-Legal Committee's screening panel has had a trial run and it appears this group will perform a very valuable service in the years to come.

I wish to commend Dr. Wilkinson, Chairman of the AMA-ERF Committee for his vigorous justification of continued private giving in the current atmosphere of Federal grants.

Lastly, I wish to call to your attention the report of Dr. Goddard as Chairman of the Maternal & Perinatal Mortality Committee. Here is a group

not concerned with the miasma of socio-economic matters organized medicine perforce finds itself. They are dedicated to reducing the incidence of maternal and infant deaths. In the latter category, until very recently, New Mexico had the disgusting distinction of being highest in the nation. Despite this in only too many areas this dedicated Committee's offer of help meets with apathy and noncooperation. I have here the 1963 statistics on infant deaths in New Mexico. One hospital has the laudable rate of 9.6 infant deaths per one thousand live births. Three hospitals have four to five times as many. And these are not in economically depressed communities or areas with a high Indian population. I would ask the doctors of these communities, do you have a Perinatal Mortality Committee? Is it working? Does it review infant deaths and analyze causative factors? Does it call on our State Committee for their expert help? Much can be done if you will but make the effort.

I trust this address will have somewhat more effect than General Custer's message to his troops as they approached the Little Big Horn when he said, "Take no prisoners".

Omar Legant, M.D.,
President, N.M.M.S.

PROBLEM WITH A TWO SECOND SOLUTION

A recent communication to the editor, from the President of the New Mexico Pharmaceutical Association, complained in a tactful and constructive way about the laxity on the part of New Mexico Physicians in the matter of indicating refill instructions on written prescriptions. This letter coincided with a resolution submitted to the House of Delegates by one of our County Medical Societies, complaining that pharmacists refill prescriptions interminably, without approval of the prescribing physicians. This resolution requested that the State Board of Pharmacy be notified that we would like to have no prescriptions refilled unless marked for refills, and that those marked for PRN refills be considered void after six months.

Evidently the Physicians and the Pharmacists both recognize that all is not as it should be. Both realize that some prescriptions meant for short term use are refilled for many years without the prescribing physicians being aware of this. Some of these were written by physicians long deceased. The reverse of this situation, and equally inconvenient to druggist, physician, and patient, occurs when a druggist refuses to refill a prescription which the physician meant for continued use, the prescription bearing no instructions for such refills.

It appears that there has been considerable feeling on the part of the Physicians and Pharmacists alike concerning these problems. Perhaps each feels that the onus should be put mainly on the other. There is one little fact of which not many physicians are aware, which frees the pharmacist from much of the blame for such problems. The law in New Mexico allows a pharmacist to refill at his discretion, indefinitely, a prescription which lacks refill instructions written by the doctor. However, the law also requires that the pharmacist honor any written refill instructions.

In view of these two facts, let's put the lion's share of the blame for refill problems where it belongs, squarely on the shoulders of the physician who because of carelessness, or pottiness, or sheer perversity, does not or will not write refill instructions on prescriptions.

Let's not waste any more time and effort on such measures as mutual recriminations, letters between the two societies, resolutions in the House of Delegates, etc. The State Law is clear. An unmarked prescription is legally refillable until the ink fades; on the other hand written refill orders must be obeyed by pharmacists.

(Continued on Page 3)

The solution is for the physician to indicate refill wishes on each prescription. The average prescription requires thirty to sixty seconds to write properly. But it takes only four seconds to write "Until 4/1/65", or "PRN six mos.", in the refill box, three seconds to write "Non-rep.", two seconds to write "3 times", one second to write "Once", or "None", or "Two", or "No". Develop the habit. It is ridiculously easy and it happens to be a moral obligation you owe to your patient. The New Mexico Medical Society House of Delegates made this advice official ten days ago when it passed the resolution, "Be it resolved that the New Mexico Medical Society recognize the responsibility of its membership to specify the number of refills or termination date of prescriptions."

J.J.C.

PHYSICIANS' REPORTS
FOR SOCIAL SECURITY DISABILITY BENEFITS

New Mexico Physicians write approximately five thousand medical reports yearly on behalf of applicants for Society Security Disability Benefits. The following information and suggestions may be helpful to these physicians.

Since 1955 it has been possible for disabled persons, under certain conditions, to obtain Social Security Benefits before reaching the statutory usual age for such benefits.

Physicians become involved in this matter since the worker usually needs a medical report from his attending physician. This report, together with reports from other physicians, hospitals, etc., provides the primary basis for determining whether the worker meets the Social Security requirements of disability.

Social Security Law defines disability as "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long continued and indefinite duration". This definition requires that the claimant's condition must be one that can be confirmed by medical examinations and tests, must be so severe that it prevents the person not only from carrying on his last or usual occupation but also from performing any substantial gainful activity, must have persisted for at least six months, despite therapy, and must be expected to continue indefinitely or to result in death, and must not be remediable through treatment that is safe and reasonable according to usually accepted standards of medical practice. It is also a requirement that the claimant have a work record including a definite number of calendar quarters of Social Security coverage.

Disabled persons apply for benefits at their nearest Social Security District Office, where they are informed that the disabled claimant has the responsibility to furnish, at his own expense, sufficient medical evidence for a reviewing physician to establish the presence of an injury or disease. The claimant will usually approach a private physician who has treated him in the past for this condition and ask for the necessary medical report.

Such medical reports should be in sufficient detail for later evaluation of the severity, duration and remediability of the claimed condition. What is needed is a full clinical picture of the patient's condition, including a history and physical and supporting laboratory findings in sufficient detail to permit a Reviewing Physician to make an independent diagnosis and evaluate therapeutic possibilities as well as the patient's capacity for work. Included should be a careful description of any limitations on the patient's ability to walk, sit, stand, bend, think, hear, see and manipulate. If the reporting physician wishes, he may use his own letterhead for a narrative statement.

A sufficiently detailed initial medical report will obviate the need for further correspondence for additional clinical or laboratory data.

The determination as to whether a claimant meets the definition of disability contained in the Social Security Law is not made by the reporting physician. Under Federal-State agreement the medical information provided by the reporting physician is reviewed by an agency of the State in which the claimant resides, this agency being the Vocational Rehabilitation Agency in most states. A Review Team, consisting of a doctor of medicine and a non-medical member trained in disability evaluation, make a joint decision determination of disability. The Reviewing Physician is responsible for evaluating the severity, duration and remediability of the medically determinable impairment. A non-medical member of the team evaluates the applicant's ability to perform substantial gainful work in the light of his education, training, work history, demonstrated vocational skills, etc.

(Continued on Page 4.)

This team, in carrying out its function, sometimes finds it essential to arrange for and purchase, at government expense, independent medical examinations and tests to supplement information already on file from the claimant's own medical sources. Such Consultative Examinations cannot be used to relieve the applicant of his responsibility to submit medical evidence.

The State Agency Medical Consultant or Reviewing Physician decides when a Consultative Examination is necessary, who is to make it, and the type and scope of the examination. When a physician is asked to perform a Consultative Examination he is advised that the government will pay his fee. Local practice governs the amount of the fee.

State determinations are reviewed by the Bureau of Old-Age and Survivors Insurance. However, the Federal Bureau is not empowered to reverse a State decision which is unfavorable to the applicant. Such a decision can only be reversed through an appeals process.

A claimant who is not satisfied with the decision on his claim may ask that his case be reconsidered, and may appeal it successively through the several steps of the State Agency, the Bureau, a Hearing Examiner of the Social Security Administration, and finally to a Federal Court.

It must be stressed that the attending examining doctor does not determine whether or not his patient has a "Disability". The concept of disability, as used in Social Security, includes considerations other than a disease and its characteristics. Conclusions based solely on clinical facts can be inconsistent with those that have taken into account other factors indicated above. It is advisable that the physician inform his patient that his report is limited to clinical facts and observations. The patient then cannot attribute an unfavorable later decision to his doctor's report.

All disability claimants are considered for possible services by the State Vocational Rehabilitation Agency. The goal is to restore as many disabled persons as possible to the labor force.

J.J.C.

LETTER TO THE EDITOR

Now that the people of America have spoken in decisive terms, it would be well for the A.M.A. and the New Mexico Medical Society to reexamine their position regarding medical care. This will involve much soul searching and agonizing reappraisal of our place in this nation, but I believe it must be done.

For better or for worse (and I believe for worse) the public wants Medicare and federal regulations and regimentation of our profession and our patients. As servants of the people and in the final analysis, we are servants of the people - we must accede to their wishes. We are compelled to accept the mandate of the people and we might as well do it gracefully.

We should approach our political masters and cooperate with them in securing the very best possible terms; maintaining the least regulation possible and preserving as many of the ideals and as much of the dignity of our profession as we can.

This would include a contract with the D.P.W. at least on the level of a Blue Shield Plan to replace the peonage plan now in effect, of course, I anticipate the usual double talk about budget deficits on the part of the D.P.W., these will have to be resisted with the greatest of determination. A nation which gives millions to Tito or Nasser, can surely afford a more generous fee say than, \$10.00 for a cystoscopic examination or \$25.00 for an obstetrical delivery.

/s/

Harold J. Beck, M.D.

MERRY CHRISTMAS AND HAPPY NEW YEAR!

The Officers and Councilors of the New Mexico Medical Society wish for each of you a MERRY CHRISTMAS and a NEW YEAR filled with happiness!

INTERIM HOUSE OF DELEGATES NOTES & ACTIONS

There were 49 Delegates who attended the Seventh Interim Meeting of the House of Delegates in Los Alamos, Nov. 20-21. Four County Societies (Grant, McKinley, Quay and Sierra) were not represented at the meeting.

Considering the snow and cold weather the meeting was well attended and enjoyed by all. Thanks to the Los Alamos County Society for hosting the successful meeting.

The House presented a Certificate of Recognition to Richard Walsh, M.D., Silver City, for his emergency medical care to a young boy who had suffered a broken leg in a remote area of the Mogollon Mountains, last July.

Selected eight physicians' names to be submitted to Blue Shield Board from which it will select 4 names to replace the 4 whose terms are expiring.

Two Nominees (Drs. Hugh B. Woodward and James Loucks) for the A.H. Robins Community Service Award were presented, however, the election results will not be announced until the Annual Meeting.

The House voted approval to send the Chairman of the Mental Health & Alcoholism Committee to an AMA Meeting on Mental Health, in Chicago, next March, and a \$300.00 allocation for anticipated expenses in jointly sponsoring a Psychiatric Seminar next Spring.

The budget request of the Legislative Committee for an additional \$500.00, if needed, for the Legal Counsel for the coming Legislature, was approved.

The Public Relations Committee's request for \$200.00 to sponsor a Conference of County Medical Society Officers in January, was approved.

The Maternal & Perinatal Mortality Committee was granted \$500.00 for a special one year project to investigate perinatal deaths. The money will be used for travel expenses and administered through the State Office.

Stuart W. Adler, M.D., was designated an Emeritus Member by virtue of his retirement.

The Joint Medico-Legal Plan for Screening Malpractice Cases was interpreted to include all physicians in the State and not limited to members only.

The Joint Medico-Legal Plan was amended to provide that the Panel may appoint advisors to the Panel.

That the Medical Society endorse the implementation of the Kerr-Mills law offered by DPW provided that no over-utilization be decided upon or penalties set and that no fee schedule for physicians' services, hospitals' services, or pharmaceutical services be adopted without the concurrence of the representatives of the various professional organizations involved.

The Veterans Administration's request for a Relative Value Fee Schedule for Home-town Care in New Mexico be referred to NMPS Board for study and recommendations.

Four dollars of each Active Member's dues to the State Medical Society will be allocated to the Auxiliary to pay National (\$2.00) and the State (\$2.00) dues for each Active Member's wife, beginning January 1, 1965. The President will appoint a committee which will counsel with the Auxiliary and the Auxiliary budget will be treated in a manner similar to other State Society Activities.

Instructed our A.M.A. Delegate to oppose any increase in A.M.A. dues at the A.M.A. House of Delegates, November 1964 Meeting.

A resolution from the Lea County Medical Society inviting the Interim 1966 Meeting to be held in Hobbs was referred to the Convention Site Committee.

Santa Fe County Society's request to change the Constitution (Art.VII, Sec.1) was referred to the Constitution & By-Laws Committee.

The Delegates approved of our Legislative Committee to submit and support an Implied Consent Law, an amended Abused Child Law recommended by A.M.A. and an Autopsy Consent Law.

The Mental Health & Alcoholism Committee was requested to study a proposed bill concerning privileged communications between Psychiatrists and patients and that the present proposed bill be not approved.

The Delegates voted to not support the Hospital Association's legislative efforts regarding collective bargaining of Federal employees, however, they voted to assist them in modifying the bankruptcy laws, workmen's compensation laws, and for DPW to pay hospitals on an audited cost basis.

Instructed NMPS to meet with the physician who allegedly refuses to abide by Blue Shield contract and if NMPS Board is unable to resolve the difference that the case be referred to the Grievance Committee.

AMA-ERF report was amended by adding the information that \$46,528.00 had been contributed to the Dean's Fund, UNM Medical School, by physicians of New Mexico since December 10, 1963.

Approved a resolution which stated that the State Society recognize the responsibility of its membership in specifying the number of refills or termination date of prescriptions.

A resolution was passed instructing our A.M.A. Delegate to oppose all proposals before the A.M.A. Clinical Meeting which would change the A.M.A.'s position with regard to financing of hospital care for the aged.

IN MEMORIAM

Gerald A. Slusser, M.D., Artesia.
Born: 11/15/07 - Died: 11/8/64

AMERICAN COLLEGE OF PHYSICIANS, REGIONAL MEETING, DEC. 11 & 12, ALBUQUERQUE.

George Boyden, M.D., Chairman, Program Committee, has announced the Regional Program of the A.C.P. for Dec. 11-12, 1964, in the White-Winrock Hotel, Albuquerque. Reginald H. Fitz, M.D., Dean, UNM Medical School, is Regional Governor for New Mexico.

The day and a half program begins at 9:00 AM and all interested physicians are invited.

A program for the ladies has been arranged for the 11th which includes a trip on the Scenic Chair Lift to the Sandia Peak Restaurant for a luncheon.

Write the White-Winrock Hotel for your reservations.

SEMINAR ON IMMUNIZATION - JANUARY 16, 1965

American Academy of Pediatrics, Communicable Disease Center, and Albuquerque Pediatric Society are sponsoring a Seminar on Immunization, on January 16, 1965. The day-long meeting will be held at the Bernalillo County health Department, Albuquerque.

Subjects and speakers to be announced in the next NEWSletter.

U.N.M. TO SPONSOR EXERCISES RECOGNIZING THE SCHOOL OF MEDICINE.

All members of N.M.M.S. are invited to attend the U.N.M. exercises in recognition of the opening of the School of Medicine, Wednesday, Dec. 16, 1964, at 8:15 PM., in the Anthropology Lecture Hall.

The program will consist of a summary of the history of the development of the School and, in addition, three brief formal addresses by representatives of the Association of American Medical Colleges, A.M.A.'s Council on Medical Education and the U.S. P.H.S.

The School will welcome visitors to any of its buildings on the afternoon of December 16 or morning of the 17th.

NOVEMBER R.M.M.J. CARRIES DIRECTORY AD

We are preparing the 1965 Rocky Mountain Medical Directory with the assistance of County Society Secretaries. To be sure you are listed correctly, refer to the November Rocky Mountain Medical Journal, (Page 19).

NEW MEXICO TO HAVE NEW A.M.A. FIELD REPRESENTATIVE

Beginning December 1, Mr. A.M. "Moco" Edwards, was relieved as our A.M.A. Field Representative. Moco was covering six states for A.M.A. and in view of A.M.A.'s expanded field service program, each field representative will have 4 states instead of 6. He now has Oklahoma, Arkansas, Louisiana and Texas.

Mr. Dallas Whaley is our new Field man. Dallas will be responsible for New Mexico, Arizona, Wyoming and South Dakota.

Dallas served two years as Assistant Executive Secretary of the Kansas Medical Society, and the last 4 years as Executive Secretary of Sedgwick County (Wichita) Society.

A.M.A. HOUSE ACTIONS:

Health Care for the Aging - "We have no choice except to stand firm in our efforts to prevent the standards of health care in this country from being undermined by a radical departure from the unique American way which has accomplished so much for mankind. If we have been right in the past - and that is our unshakeable belief - then we are right today. And we shall be right tomorrow... we do not, by profession, compromise in matters of life and death. Nor can we compromise with honor and duty."

TELETYPE COMMUNICATIONS SYSTEM

A.M.A. will pay installation and maintenance charges for TWX system in each State Society Office. Cost to each State will be for messages sent to any TWX subscriber.

R.R.M.

STANDARD INSURANCE CLAIM FORM ORDER BLANK

New Mexico Medical Society,
211 First National Bank Building,
219 Central, N.W.,
Albuquerque, New Mexico.

Please send me _____ insurance pads at \$2.00 ea. Check for \$ _____ enclosed.

NAME: _____ ADDRESS: _____