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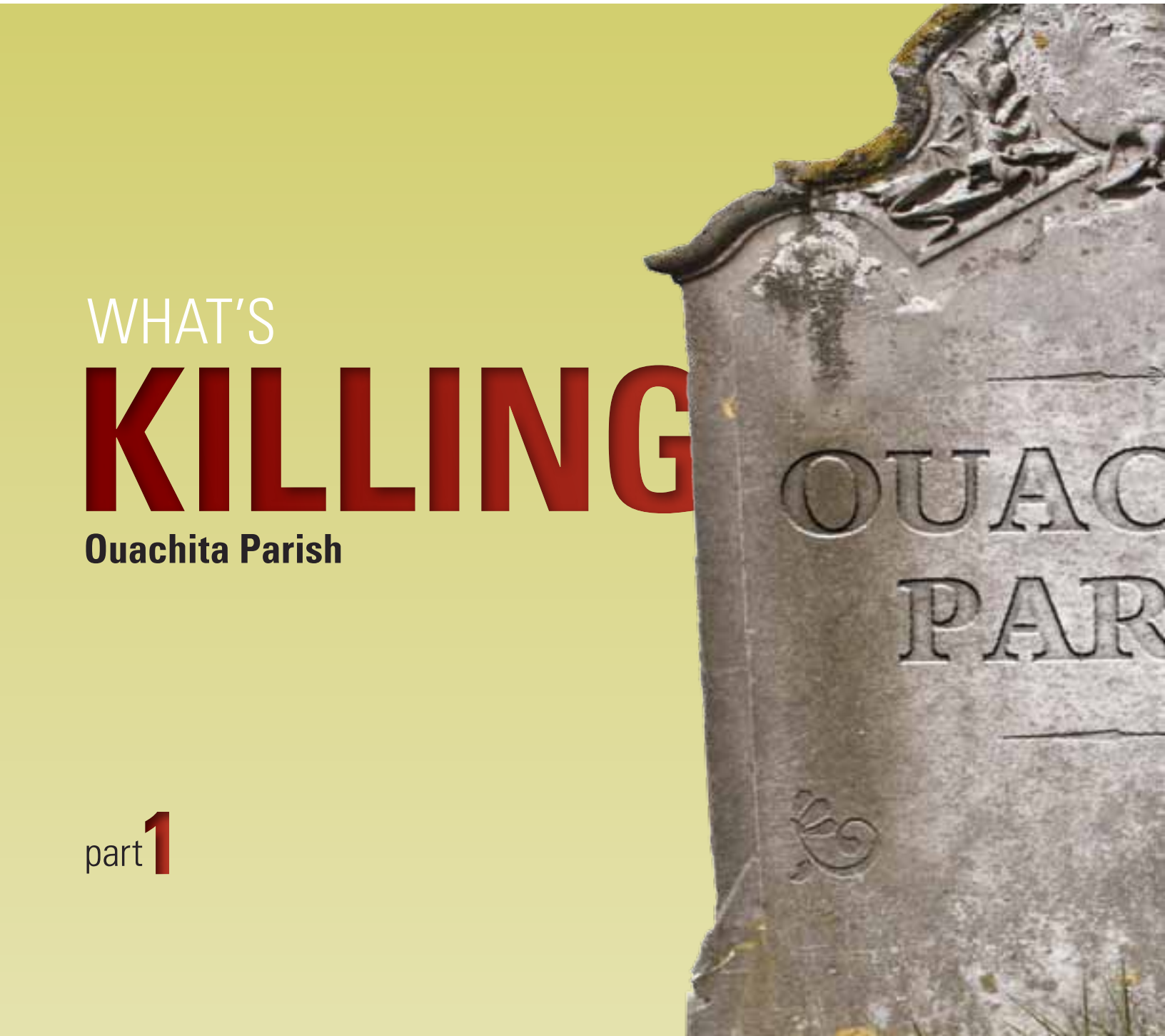
The HIPPOCRATIST

The Official Journal of the Ouachita Medical Society



WHAT'S KILLING

Ouachita Parish

part 1

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Ouachita Medical Society Mission Statement

The Ouachita Medical Society is a service organization of physicians dedicated to the ideal of a community that is mutually beneficial to physicians and patients.

The Society commits itself to these goals:

1. To pursue and maintain access to quality medical care
2. To promote public education on health issues
3. To provide value to members by the representation and assistance of member physicians in the practice of Medicine

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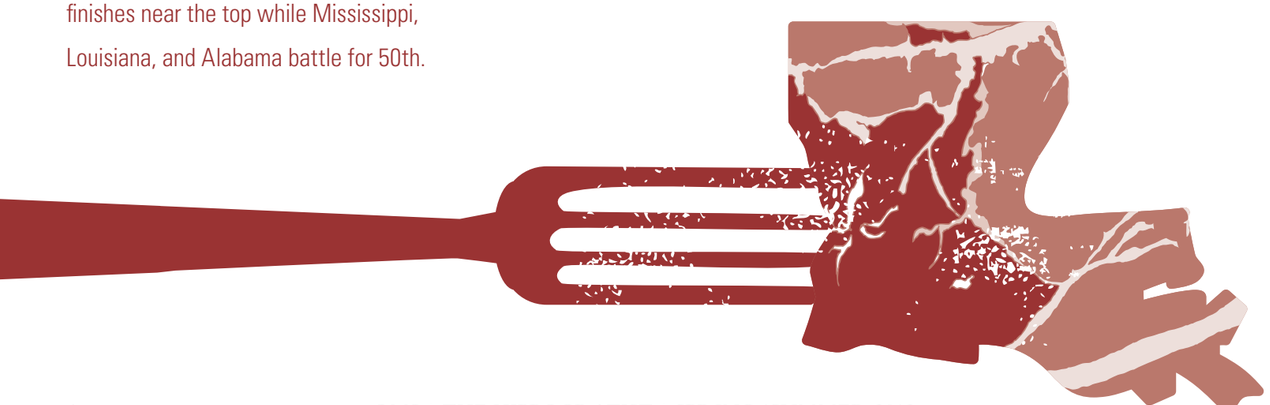
By: Jason Read, MD

The national media often presents us with a "new" Harvard study that compares the states that have the highest life expectancy versus those with the lowest. It is usually followed by their predictable analysis. Hawaii finishes near the top while Mississippi, Louisiana, and Alabama battle for 50th.

While researching for this issue, I discovered an interesting website, www.worldlifeexpectancy.com. The site editors use multiple sources including WHO, World Bank, UNESCO, CDC and NIH to collect its data. I used their "Top 15 Causes Map" and attempted to predict the result before I revealed each cause. Some were predictable. Most were not. I was surprised at the relative low rate of liver disease in the south. Kidney disease is influenced by the racial makeup of the population, but there were other regional trends that can't be explained by race or ethnicity.



"Life expectancy in the south sounds like the punch line of a bad joke."

Two underlying variables that persist are the environment and lifestyle choices including smoking, diet, and exercise. With the known environmental exposures that northeast Louisianians see like oil/gas industry, farming, chemical plants, and paper mills , I was expecting higher numbers of cancer than was reported. A glance at the statistics for heart disease, stroke, diabetes, and hypertension combined with a trip to your favorite all-you-can-eat buffet should put to rest any doubts why the south is last in longevity.

Unfortunately, it is tough to change trends when it affects the entire region. I would assume that the peer pressure effect on fitness for a teenager in Colorado (9% obese children and adolescents) would be a lot greater than Louisiana (17% obese children and adolescents). It's a vicious cycle that is rapidly expanding. The CDC also has startling reports of the dramatic increase in obesity. In 1990, 10-14% of Louisiana had a BMI >30. By 2005, the obesity percentage had increased to >30% for 3 states (Louisiana, Mississippi, and West Virginia). Five years later, the number of >30% obesity states was 12 and Louisiana remained the epicenter.

As physicians, we continue to educate our patients about the dangers of their lifestyle choices. Our state and federal governments attempt to legislate a healthier lifestyle. I wonder if any intervention will break this cycle. Ultimately, the answer lies within the patients and their individual responsibility if we expect to reverse the current decline.

Stroke *equals* CVA *equals* Cerebrovascular Accident

By : Lowery Thompson, MD

Stroke: The act or an instance of striking, as with the hand, a weapon, or a tool; a blow or impact;

The Free Dictionary by Farley.

Most brain strokes are manifest by the abrupt onset of a focal neurologic deficit, as if the patient was "struck by the hand of God."

The effects of strokes on the body are highly variable because of the complex anatomy of the brain and its blood supply. Most strokes cause weakness, trouble speaking, or numbness either alone or in some combination. Of the several types of stroke, two account for the vast majority of cases: ischemic and hemorrhage. Ischemic strokes are caused by the blockage of blood flow in the arteries to the brain. Hemorrhagic strokes are caused by bleeding into or around the brain. Strokes are the 3rd or 4th most common cause of death in the United States and the 4th most common cause of death in Ouachita Parish. Strokes cause about 200,000 deaths each year in the United States and are the leading cause of chronic disability in the United States. In Northeast Louisiana more than 200 persons die from stroke each year. Preventable and treatable factors that lead to stroke include high blood pressure, abnormal cholesterol levels in the blood, diabetes mellitus, physical inactivity, and cigarette smoking. Regular use of low-dose aspirin (81–325 mg) can reduce the incidence of heart attack in men. Low-dose aspirin reduces stroke but not heart attack in middle-aged women.

What I want all persons to know:

1. If you are 18 years of age or older, ask your primary care clinician about your risk of high blood pressure, diabetes mellitus, and abnormal cholesterol levels.
2. Discuss your risk benefit ratio of low dose aspirin with your primary care clinician.
3. If you do not have a primary care clinician, establish an on-going relationship with one.
4. Do not smoke cigarettes. See www.quitwithusLA.com for guidance.
5. Maintain a normal body weight. Your daily caloric requirement is about 10 calories times your desirable weight-- e.g., 180 pounds X 10 = 1800 calories per 24 hour period.
6. Exercise the equivalent of at least 150 minutes of walking per week.
7. If anyone has symptoms of a stroke, someone should dial 911 immediately. Acute stroke is a medical emergency.

What I want primary care clinicians to know:

1. Every emergency department must have a plan for acute stroke whether or not they intend to use thrombolytic therapy.

2. Every hospital must define the individual physicians who are authorized to use TPA and other interventions for acute stroke.

3. There are three seminal articles that your stroke team should review in developing your hospital's acute stroke plan.

   a. Tissue plasminogen activator or acute ischemic stroke. The National Institute of Neurological Disorders and Stroke: rt-PA Study Group. N Engl J Med 1995; 333: 1581– 1587. The landmark clinical trial establishing the beneficial effect of intravenous TPA in acute ischemic stroke.

   b. Guidelines for the early management of adults with ischemic stroke: a guideline from the American Heart Association/American Stroke Association Stroke Council, Clinical Cardiology Council, Cardiovascular Radiology and Intervention Council and the Atherosclerotic Peripheral Vascular Disease and Quality of Care Outcomes in Research Interdisciplinary Working Groups [published corrections appear in Stroke. 2007; 38:e38 and Stroke. 2007; 38:e96]. Stroke; 2007; 38:1655–1711.

   c. American Heart Association/ American Stroke Association Intravenous Tissue Plasminogen Activator: Expansion of the Time Window for Treatment of Acute Ischemic Stroke with TPA. Stroke 2009, 40:2945-2948.

4. Please note that there is not a consensus about the use of TPA in a patient on Coumadin. The recent use of Coumadin even if the patient has a normal INR is a contraindication to the use of TPA in articles A and C but not in article B. In addition the newer medications such as the direct thrombin inhibitors Dabigatran (PO) and Desirudra (SC) and the Factor Xa inhibitors Fondaparinux (SC), Rivaroxaban (PO), and Apixaban (PO) are not discussed in any of these articles, but I would consider the recent use of these medications as an absolute contraindication to the use of TPA until further data is available.

Other References:

1. http://www.ahrq.gov/clinic/3rduspstf/ratings.htm
2. Kahn R et al. The impact of prevention on reducing the burden of cardiovascular disease. Circulation. 2008 Jul 29; 118(5):576–85. [PMID: 18606915]
3. Wolff T et al. Aspirin for the primary prevention of cardiovascular events: an update of the evidence for the U.S. Preventive Services Task Force. Ann Intern Med. 2009 Mar 17; 150(6):405–10. [PMID: 19293073]

Health of residents in Ouachita Parish based on CDC Behavioral Risk Factor Surveillance System Survey Questionnaires from 2003 to 2009:

General health status score of residents in this county from 1 {poor} to 5 {excellent} is 3.4. This is significantly worse than average.

62.5%	38.8%	198lbs	165lbs
residents that **exercised** in the **past month**. This is less than average.	residents that **smoked 100+ cigarettes** in their lives. This is less than average.	is the average **weight** of **males**. This is more than average.	is the average **weight** of **females**. This is more than average.

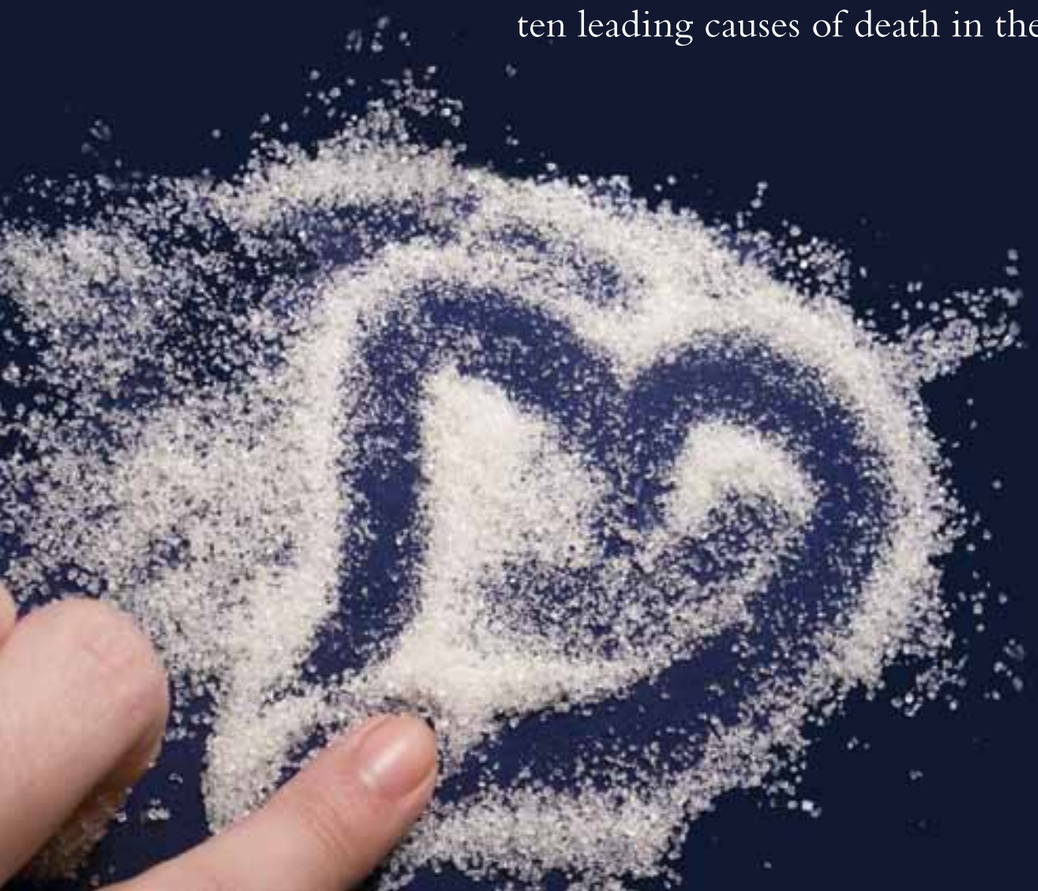
Based on this data, the risk of death from stroke in Ouachita Parish would be greater than the national average.

“SUGAR DIABETES,”

In Ouachita Parish

By: Uma Rangaraj, MD

Diabetes mellitus ranks among the top ten leading causes of death in the USA.



It is most prevalent in the “sugar belt” of the Southeastern US, including Louisiana where nearly every eighth person is a diabetic.

It is the fifth leading cause of death in our state, and is the third in Ouachita Parish.

AND, it is going to get worse for the next generation! According to the American Diabetes Association, there are currently nearly 19 million diabetics in the US. Another 79 million are waiting in the wings as pre-diabetics!

The good news is that this disease is both treatable and preventable in most cases,

so let us all get to work, doctors and patients, especially if we want to see our children & grandchildren live long & healthy lives.

Prevalence of Adult Diabetes

Percent of adults 18 years and older

(excluding gestational or pre-diabetes)

8.3%

Louisiana

7%

USA

What **Patients** Need to Do.

First, know everything you can about diabetes. There is no dearth of educational resources: local community hospitals, programs with health insurance companies, and many online sites such as the American Diabetes Association (ADA), American Association of Clinical Endocrinologists (AACE), the Endocrine Society, and American College of Physicians (ACP), American Association of Family Physicians (AAFP and more.

In the healthy body, starch (carbohydrates) is converted to sugar (glucose) which is "burned" for energy inside body cells, to run the body engine much like gas in a car engine. Glucose requires insulin for transportation into the cell.

Insulin is made by the beta cells in the pancreas and is secreted whenever blood glucose rises, so that glucose can be moved out of the bloodstream and into the cells. When we exercise, glucose is used up actively, and when we don't, it is stored as starch and fat for future use. When these stores become too large, we get plump and our organs get sluggish.

Diabetes is a disorder of this carbohydrate metabolism. There are mainly two types of diabetes:

Type 1 DM, which affects only 5% of the population, is a disorder of insulin deprivation and results from beta cell destruction. Lacking insulin, blood glucose cannot enter cells, so cellular "starvation" occurs, and glucose just washes out in the urine. Arateus, a Greek physician in 150 AD, eloquently described the resulting disease as "a melting down of the flesh and limbs into urine" ……"the melting is rapid, the death speedy".

With the discovery of insulin in 1923, this death sentence was revoked, and since then the science of Diabetology has virtually exploded into the world of Medicine.

Type 2 DM, the more common type, results from insulin resistance: the beta cells and insulin are not as efficient, resulting in chronic overproduction of insulin for many years, leading to gradual exhaustion of beta cells. Then blood sugar begins to rise, and in time, the complications of diabetes begin to develop: damage to the kidneys (nephropathy), nerves (neuropathy) & eyes (retinopathy).

Type 2 Diabetes tends to partner with the other metabolic disorders, hypertension & hyperlipidemia (high cholesterol). The three together afflict greater damage on the body than any single one of them. Add smoking to the mix, and the chance of a heart attack increases by 50%!

DM is the leading cause of blindness, kidney failure and non-traumatic amputations in the US. It also leads to heart attacks and strokes.

Aggressive management of blood sugar, blood pressure and cholesterol from the day of diagnosis has proven to be successful in preventing or minimizing these dreaded complications of diabetes.

There is a genetic predisposition for both types of DM, however it must be stressed, that the risk of developing Type 2 DM and of worsening either type of DM is greatly enhanced by our modern lifestyle of eating more and working less, which adds challenges to the efficiency of insulin.

This would largely explain the recent explosion of Type 2 DM across the "civilized" world today.

It stands to reason, then, that reversing this lifestyle trend would be the answer to reversing the diabetes / metabolic syndrome trend.

Patients, on their part, need to assume the responsibility of being their own "primary doctors", and must willingly commit to working with their diabetes team, for any treatment to be effective.

What **Doctors** Need to Do.

The American Diabetes Association states that:

"Diabetes mellitus is a chronic illness that requires continuing medical care and ongoing patient self-management education and support to prevent acute complications and reduce the risk of chronic complications."

In quoting the statement, I have deliberately emphasized the key elements of successful management of diabetes. The patient has to be the center of a team dedicated to empowering him to understand, control and live normally with the disease.

While this concept has come into "fashion" in the past decade, Dr. Elliot Joslin, the celebrated founder of the Joslin Clinic, actually pioneered this concept in the early 1920's. He regularly published a manual sub-titled For Mutual Use of Doctor and Patient, and would hospitalize patients in a "schoolroom" setting that was dedicated to patient education, diet therapy & individualized insulin regimens. He succeeded where most others failed, because of this approach.

Psychosocial analysis of each patient is crucial for successful implementation of self-management. The diabetes team including doctor, nurse, nutritionist and spouse /family caretaker, need to help him to work around his challenges to self-care at home and work, ensuring friendly, empathetic support at all times, rather than the paternalistic and judgmental stance which we often assume.

Formal DM education classes need to be followed by "small feedings" at every clinic visit. Gradually, the patient is enabled to effect practical lifestyle changes in baby steps.

Implementing a system of reminders for regular screening of the eyes, the kidneys, the feet and the heart is the surest way to catch complications in the early stages. Joslin's secret to success was his extraordinary organization and such attention to detail.

Prevention of diabetes and the metabolic syndrome has to be implemented from adolescence onwards, by identifying and treating at risk children and adults.

And, finally, thank goodness for the guidelines that are so freely available nowadays, to help navigate us through the plethora of anti-diabetic drugs that have mushroomed overnight!

As to pharmaceutical interventions, the pundits are leaning towards beta cell sparing as much as possible by:

reducing insulin resistance through effective weight loss, diet & exercise, and maximizing the use of insulin sensitizers, and favoring insulin as the next step, rather than insulin secretagogues, if affordable.

Insulin delivery through pumps, though costlier, is gaining favor in both forms of DM and has proven efficacy over basal bolus regimens. The initial cost outlay may pay back in time, through savings effected by fewer hospitalizations and DM complications.

OMS Membership Service / Value

Advocacy for physicians in political, regulatory and economic arenas.

Legal Advice providing guidance and assistance to members on a number of Medical-Legal issues affecting physician practices and organized medicine.

Friends of the OMS program, offers discounts on products and services to all active members of the OMS and OMSA. Here are a few of our participating businesses for 2012:

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THE TOGGERY

Connectivity through special membership activities such as the Oyster Party, the Christmas Party, Doctors Day Reception, Valentine's Social, General Meetings and Executive Committee Meetings.

Business-Over-Breakfast allows office managers / business managers from each member's practice to attend a quarterly breakfast where key speakers will cover topics that address areas of concern when managing a medical practice. Everything from medical billing to personnel issues, from fiscal responsibility to safety. We'll cover it all.

If your business is interested in applying for the "Friends of the OMS" program please contact the OMS office at:

director@ouachitams.org
318.512.6932

Upcoming Events

May 11, 2012 | 7:45am

Business Over Breakfast for Practice Managers | Bayou Health Workshop

June 1st

Bayou Health Go-Live (Ouachita Parish)

Sept 6, 2012 | 6:30pm

General Meeting (Executive Committee Election)

December 6, 2012

OMS Christmas Party

For more information on these events,
contact: Krystle Medford, Director
318.512.6932 | director@ouachitaMS.org

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Childbirth in the 1890's

By: Robert Hendrick, MD

My grandmother's Aunt and Uncle were Mr. and Mrs. Lee Emmett Thomas. Mr. Thomas was a leading citizen of our state during his lifetime as he was active in politics, serving as Speaker of the Louisiana House of Representatives and two terms as the Mayor of Shreveport. He even mounted an unsuccessful campaign for the United States Senate. As my grandmother's mother died when she was four, Mrs. Thomas took her under her wing as her own daughter since Mrs. Thomas never had any children of her own. According to family lore, this was by choice. It seems that Mrs. Thomas had a close friend who died during childbirth. She was so impressed by that that she would never consider going through such an ordeal.

While going through my grandmother's papers after her death, my father actually found the letters that had been written to her by her friend, Mrs. E. M. (Keitha) Burleigh.

What follows is a transcription of her birth announcement and a letter written by her two weeks post-partum:

Simmesport, LA
December 3, 1896
Mrs. F. S. Thomas
Shreveport, LA

Dear Miss Florence,

It is with much pleasure that I take advantage of this opportunity of telling you the good news.

After a very trying ordeal of 21 hours duration, little Helen Florence was born at 1:30 A. M. on Dec. 2. We call her Florence for you. She is a very fine girl, weighs 9 lbs. and "pretty as a princess".

Ketha and little Miss Florence are both doing nicely up to this date, 2 P. M. Dec 3.

Yours Truly,

E. M. Burleigh

December 17, 1896 *Dearest Florence,*

Imagine a regular invalid, too weak to walk, all bundled in a huge double wrapper, comfort(er), belts and bandages, big hollow eyes, etc. sitting in a big rocker before a big fire and you will excuse the poor attempt of a letter, and remember 'tis only love of you that makes me write at all. I'm very blue and despondent, only my beautiful baby inspires me with any desire to exist anymore. I had such a horrible ordeal, have suffered so much pain and am so weak. The Doctor had to deliver the baby with instruments, and in so doing lacerated me completely, and some way the suffering or my collapse, convulsions or something caused the doctor to fail to note the laceration and he did not know of it till a week later, and took the stitches at that late date now has only half union taken place and leaves me in a bad fix indeed. I knew nothing for two hours before she was born. My suffering almost drove me wild. But when he took the stitches, I thought it would kill me. I took nothing to ease the pain and almost had convulsions. My God, I pray you may never have a child if you have to suffer as I have. But enough of the bad. Let me tell you of your little namesake. She (we think) has blue eyes, brown hair, and the plumpest little darling. They all say she favors me. I feel compliment-

My God,
I pray you may
never have a child
if you have to suffer as I have.

ed for she is a little beauty for two weeks. She is almost white, never was very red and has never cried or had colic. She sleeps all bundled up by me and grunts, and kicks, and sneezes, roots me almost out of bed and seems to enjoy herself muchly. I'm so proud of her and feel myself the extremely foolish young mother. Mr. Norwood says I do my real well. Sunday a pretty little baby ring came to me from Shreveport, but no card on it. Do not know who to thank, but feel sure you or Sister sent it. If yourself, accept thanks, tis sweet and kind of you. She sends you a sweet kiss from the daintiest mouth in the world. We call her Florence and I hope you two will be great friends. She will call you "Aunt Florence" if you like. I'm glad she is a girl. A big X-mas tree in this big house. Christmas night in back parlor. Many handsome presents, etc. I hear I'm to get a few too. May you have a merry time darling. Too weak to write more. Don't count letters with me.

With Much Love,

S (??) K (??) Burleigh

It is my understanding that Mrs. Burleigh died shortly thereafter and her daughter not long after that. In retrospect, this young lady had an undiagnosed perineal laceration she suffered after going through a long and arduous labor. The attempt to close the perineal tear sounds worse than the actual delivery.

This is yet another example of the great strides we have made in medicine in one hundred years. We now have regional techniques to make a twenty one hour labor tolerable. We can now perform a Cesarean section in a safe and sterile environment, something I am sure was not available for this young lady. We have antibiotics that can treat the infection that ultimately lead to her demise.

I wonder if as many dramatic advances can be made in medicine over the next one hundred years?

The executive board is made up of:

Kim Read
President

Nicole Barron
Secretary

Lana Forte
Programs

Amy Taylor
Vice-President

Heather Trettin
Treasurer

Carolyn Barnes
Chaplain

It was a night of casual elegance, champagne and sweets with your sweetheart.

This year's annual Valentine's Party was graciously hosted by Dr. Scott and Nicole Barron. OMS physicians and their spouses appreciated the ambiance and fellowship that this date night offered.

See you next year!

Children's Museum Update

Katharine Spires gave us an update on one of our community projects this year. We will be giving the medical corner at the Northeast Louisiana Children's Museum a much-needed "facelift". Katharine and her team have enlisted the help of the design students at Louisiana Tech, and they will be working on our project as part of their classroom experience. We are very excited about unveiling this new design very soon.

Participation in the Alliance is just what the doctor ordered!

If you are not receiving correspondence from the OMSA and would like to please contact us:

alliance@ouachitams.org

318.322.4895

The OYSTER PARTY

The food was hot, the beer was cold and the spirits were high for this year's annual Oyster Party.

Special musical guest, Gary Brown lit up the night with his classic Cajun style on the saxophone. Every chair was filled and good times were had by all.

Special thanks to our sponsors, Argent Financial and Community Trust Bank for their continued support of the Ouachita Medical Society.

Northeast Louisiana VIRTUAL CLINIC
Dental & Medical Care Made Easy

The Northeast Louisiana Virtual Clinic, better known as the NLVC, is a non-profit organization that provides comprehensive healthcare services to the low income, working uninsured in northeast Louisiana.

We are very proud of our program and the tremendous impact it has within our Region. **Since our inception in July 2010, we have provided medical and dental care to 1048 working uninsured persons in Ouachita Parish.** These are people that work full-time jobs, but for various reasons are unable to afford insurance and make too much to qualify for any state or federal assistance.

Together we are doing it!

Through our Program, patients receive annual check-ups, eye exams and glasses, lab work and medicines when necessary. Many people have had unknown illnesses diagnosed, simple problems addressed and treated, and painful dental issues resolved. **If not for the NLVC, these patients would go for weeks, months, even years without access to healthcare.**

Although the NLVC is funded by a grant from the Living Well Foundation and hosts various fundraisers throughout the year, these monies cover only the administrative expenses associated in running the program. The program itself actually functions by the donations of time and service from our generous volunteers. We are so very proud of our 63 volunteers from the medical and dental communities in Ouachita Parish. These include, doctors, dentists, nurse practitioners, hospitals, labs, radiologists, and pharmacies.

We currently accept patients in Ouachita Parish, but we will begin seeing patients in Franklin, Union, Richland, and Lincoln by July of 2012.
As our program continues to grow, we are always in need of physicians, dentists and nurse practitioners to provide care to our patients throughout Region 8. If you already volunteer, thank you! If not, please consider doing so!

Like to volunteer? Have questions?
Call or Visit us online

318.329.8490 | www.NLVConline.org

This project was funded (or funded in part) by a grant from the Living Well Foundation. The Living Well Foundation is a public charity dedicated to enhancing the health, wellness, and quality of life in northeast Louisiana. Founded in 2007, the Living Well Foundation serves the residents of Caldwell, Franklin, Jackson, Lincoln, Morehouse, Ouachita, Richland and Union parishes. For more information about the Foundation, visit www.livingwellfoundation.net.

Cancer

By: R. L. Ebeling, Jr., M.D.

Cancer remains the number two killer of men and women in Louisiana after cardiovascular disease. Roughly ½ of all patients will receive radiation as part of their treatment. Our practice treats both the private and indigent population of Northeast Louisiana, giving us a unique perspective of the overall cancer problem. Nationwide the incidence rate of many cancers has shown a slight decrease. Lung cancer is down partially from decreased smoking, colon and rectal cancer rates are down from the screening-stool blood tests and colonoscopy with the removal of pre-malignant polyps and cervical cancer has decreased secondary to pap smears and early surgery.

Lung

Lung cancer remains the number one cause of cancer in both men and women. This is higher than the next three cancers, prostate, breast and colon combined. The cure and local control rates of early asymptomatic cancers by surgery and in select cases by radiosurgery, remains quite good. Unfortunately, the overall cure rate of advanced cancers remains extremely poor. Smoking is the direct cause of 90% of lung cancers in men and 70% of women. The answer to this is to quit or better yet, never start. Knowing society will not ban cigarettes, the practical answer is to tax a pack of cigarettes appropriate for the real cost of the damage caused by cancer, emphysema, heart disease and multiple other problems resulting from their use. Then dedicate the money for smoking cessation treatment, screening of high-risk individuals (those greater than 50 with more than 50 pack years) and treatment. With this significant increase cost per pack, let the teenagers decide between not smoking and not driving-they will choose driving.

Breast

Breast cancer remains the number one most common cancer in women but the second most common cause of cancer death. The incidence rate of cancer has increased slightly although the death rate is decreasing secondary to early detection and better treatment. There are multiple factors that contribute to breast cancer, the strongest of which is family, a first degree relative-sister or mother with breast cancer. Other factors include lack of breastfeeding, obesity and lack of activity.

Having failed the above, two factors save lives with breast cancer:

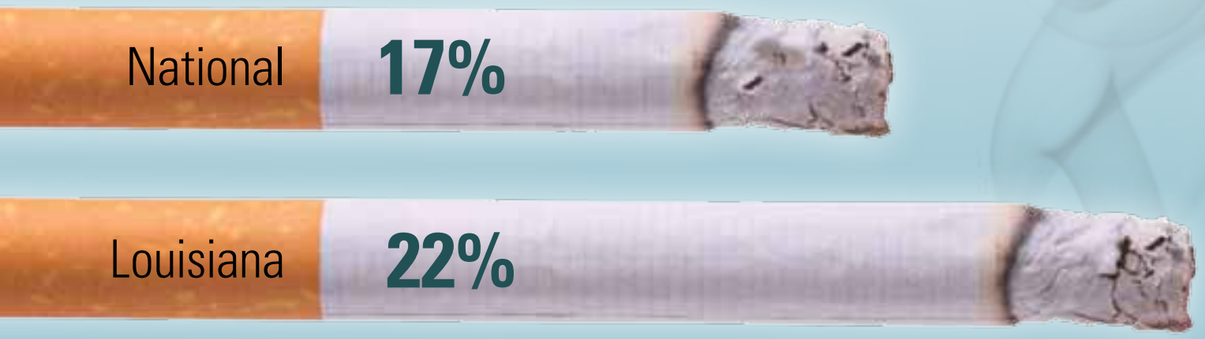
1. If a woman has a lump, do not ignore it.
2. After age 40, get screening mammograms.

Early breast cancer has an excellent cure rate.

Unfortunately, our population continues to smoke (22% of the population versus 17% nationwide). We have a low rate of colon evaluation and our practice sees advanced cervical cancers not seen by private gynecologists since the 1950's.

Smoking is the direct cause of **90%** of lung cancers in men and **70%** of women.

Population that smokes



Colon

Colon cancer is the third most common cause of death and like other cancer, if found early, has an extremely high control rate. Colonoscopy (a good idea at age 50) can discover polyps and allow removal before they become malignant. Unfortunately, the screening rate in Ouachita Parish remains quite low. Rectal bleeding or any change in bowel habit should prompt evaluation.

Cervical

Finally, in Northeast Louisiana, we have a tragic rate of advanced cervical cancer. Worldwide this is one of the most common causes of cancer death in women. With the discovery and widespread use of pap smears beginning some 60 years ago, it became possible to detect premalignant changes and early cervical cancers for which the cure rate with surgery remains extremely high. Sadly, very few of our indigent population have annual exams carried out. The result of which is the high rate of advanced cervical cancers, which many gynecologists have not seen since medical school.

Up to 90% of most common cervical cancers are related to HPV (human papilloma virus). The HPV vaccine is highly effective at preventing both the infection and the development of cervical cancer, many oral cancers and venereal warts. Required vaccination against many serious childhood diseases have been accepted and required for many years (to prevent your child from spreading it to another child). Once the moral uproar settles and the price of the vaccine becomes reasonable, its widespread use will be a major advance in medicine.

> Equally frustrating is the fact that one of the most significant advances of modern medicine, HPV vaccine, went almost unheralded in the middle of a pious uproar over "my child will never have sex-or catch anything".

"What local experts say…"

Kevin N. Baer, Ph.D.
Professor and Head,
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"The available data suggest that the incidence of cancer in Louisiana cannot be explained by a single causative factor, but is instead related to a combination of factors including lifestyle (smoking, excessive alcohol consumption, and a diet high in fats and deficient in fresh fruits and vegetables) and those related to the external environment (viral infection, occupational exposures and pollution of the air and drinking water). Factors that likely lead to the approximately 11% higher rates of cancer mortality in Louisiana compared to the US are higher poverty rates and lower high school graduation rates, both of which have been linked to higher rates of smoking."

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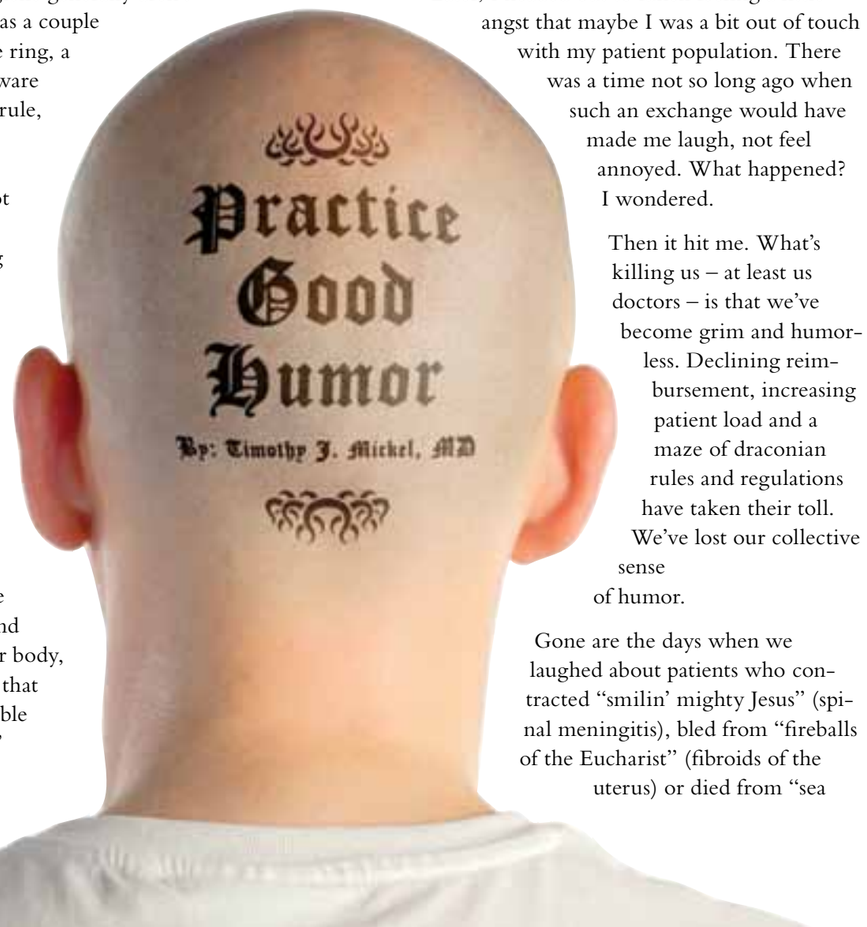
Funny Bone

What's killing Ouachita parish? Sure, we over eat, over drink and don't exercise enough. We have high blood pressure, diabetes, clogged arteries, cancer and VD. But what's really killing us, I pondered as I went into the room to see my last morning patient.

She had an Oriental tattoo on the back of her neck. The ones the tattoo artists tell you mean "wise and beautiful" or "perpetual sunshine". The ones that really mean "garlic breath" or "cavorts with midgets" – but then, tattoo artists with questionable personal hygiene generally aren't Mandarin scholars. Her hair was a couple of pastel shades. She had a nose ring, a pierced brow and a lot of hardware through her ears. As a general rule, three or more visible piercings usually means there is at least one more you can't see. But not much surprises me anymore. Our exchange went something like this:



"So, how big would you like to be?"

"Oh…I don't know (tap)… I want enough…I mean, (click)…I want to look good…you know what that is…you do this all the time"

Yep, tongue bolt. "Well, what I think looks good, may not be what you think looks good. And since we are talking about your body, not mine, I feel it is important that we try to be as specific as possible about the size you want to be."

She pulled down her gown to reveal a large unicorn tattoo on her left breast. I couldn't help but think that any increase in upper pole fullness would disproportionately enlarge the horn, which would thrust menacingly out of her clothes toward her sternal notch. She grabbed her breasts, simultaneously moved them in a circle then pushed them up to her clavicles.

"Well I want to be big, but I don't want to look stupid."

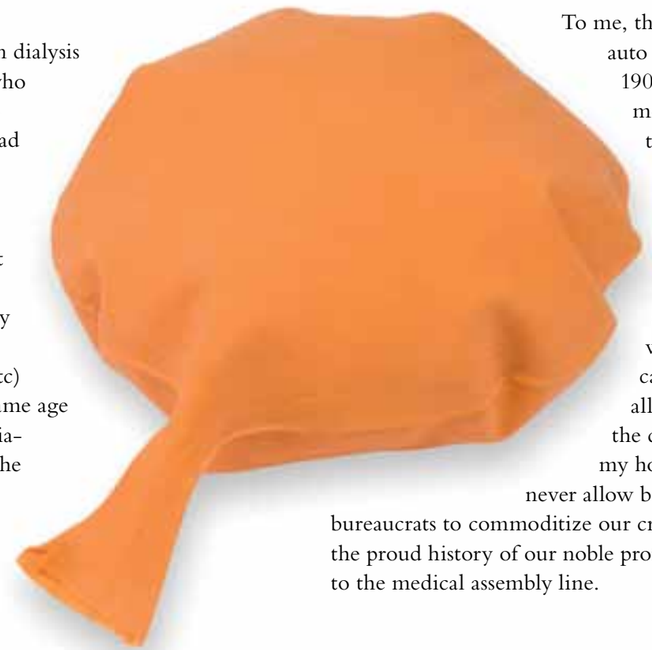
"I see."

Later, I headed out to lunch feeling a little angst that maybe I was a bit out of touch with my patient population. There was a time not so long ago when such an exchange would have made me laugh, not feel annoyed. What happened? I wondered.

Then it hit me. What's killing us – at least us doctors – is that we've become grim and humorless. Declining reimbursement, increasing patient load and a maze of draconian rules and regulations have taken their toll. We've lost our collective sense of humor.

Gone are the days when we laughed about patients who contracted "smilin' mighty Jesus" (spinal meningitis), bled from "fireballs of the Eucharist" (fibroids of the uterus) or died from "sea

roaches of the liver". Even pathologists, traditionally a grim lot whose only patient contact is with body fluids or pieces of tissue, got into the act – whimsically describing disease in pedestrian terms any hungry doctor could understand: Bread and butter pericarditis, currant jelly stool, rice water diarrhea, strawberry hemangiomas, etc. Yes, humor was good medicine then and it's good medicine now.



A recent study of Norwegian dialysis patients showed that those who scored higher on a standardized "sense of humor" test had a 31% increase in survival. Cardiologists from the University of Maryland looked at a large population of heart disease patients and found that they were 40% less likely to laugh in a variety of situations (whoopee cushions, etc) compared to people of the same age without heart disease. Psychiatrists have long understood the connection between humor and wellness. Of course they have to, since most of their colleagues don't take them seriously anyway.

Finding the humor that is around us is not as simple as it sounds. Especially, when we are being forced to see more patients for less money with steadily increasing practice overhead and more government interference. If we sell our practices and become employees, hospital administrators will reduce our services to "product lines", measure our productivity in terms of "patient encounters" and pay us a wage to turn the crank. In essence, we become high-end blue-collar workers in a medical assembly line.

Interestingly, when Henry Ford introduced the assembly line in 1913, workers - outraged by the degradation of their craft - simply walked out. So unsatisfying was the fragmentation and mechanization of what was once a richly cognitive field, that in order to add 100 men to his factory personnel Ford had to hire 963. No doubt the 100 who stayed and became habituated to the assembly line were the grim and humorless type.

We know the rest of the story. Ford raised wages, the assembly line drastically increased productivity, and he crushed his competition. In 1900, there were 7,632 wagon and carriage manufacturers in the United States. In a few decades, the industry was reduced to the Big Three. Of course, ask any Chevy Volt owner what mass production does to quality.

To me, the parallels between the auto assembly line of the early 1900's and the burgeoning medical assembly line of the early 2000's are chilling. But patients aren't automobiles – they come pre-assembled. And wellness can't be measured like units off an assembly line. And while history would indicate that workers eventually grew accustomed to the degradation of their craft, my hope is that doctors will never allow bean counters and petty bureaucrats to commoditize our craft, disconnect us from the proud history of our noble profession and habituate us to the medical assembly line.

God knows it will take a sense of humor. So to remind me of this, I got an Oriental tattoo that says "laughter is best medicine". Or maybe it says "bald guy with hairy back". I'm not sure.

Ouachita Medical Society

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